2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024770

1. Entity Name
CWH SAWGRASS, LLC

Principal Place of Business	Mailing Address
21715 CARTAGENA DRIVE BOCA RATON, FL 33428	21715 CARTAGENA DRIVE BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

02052008No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
16-1628937		Not Applicable

5. Certificate of Status Desired ☐ | **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRIX, III, CHARLES W
21715 CARTAGENA DRIVE
BOCA RATON, FL 33428

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000874743
04/11/08-80004-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HENDRIX, CHARLES W
STREET ADDRESS	21715 CARTAGENA DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles W. Hendrix*   *Charles W. Hendrix*   3-20-08   561-483-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #