## 2004 LIMITED LIABILITY COMPANY

## FILED Mar 25, 2004 8:00 am Secretary of State 03-25-2004 90217 045 \*\*\*\*50.00

ANNUAL	. REPORT	
DOCUMENT # L02000025  1. Entity Name I.W.L. ENTERPRISES USA, L.C.	388	
Principal Place of Business 7021 GRAND NATIONAL DRIVE, SUITE 106-A ORLANDO, FL 32819	Mailing Address 7021 GRAND NATIONAL DRIV ORLANDO, FL 32819	E, SUITE 106-A

Percept Place of Burstess   Maining Address   7021 GRAND NATIONAL DRIVE, SUITE 106-A   ORAPRO, FL 22819   ORAPRO   OR	1. Entity Nam I.W.L. EN	е	# LU2UUUU25								
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City & State Palm Harbers FLORING PALM Harbers Palm Harbers FLORING PALM Harbers Pa	3795 A	lt 19		3795 ALT 19	Nort	น					
PALM   HARBOR   FLOCKLYN   70   314-683   U.S. R.   5. Certificate of Status Desired   \$5.00 Additional Fee Requision   Fee									<u> </u>	·	
2p			FLORIDA	1 4	. ճ	ዕይመ <b>ል</b>			<del></del>		
E. Name and Address of Current Registered Agent  AVIORE, JAMES R ESQ LAVICINE, COTON & ASSOCIATES, P.A. 5301 CONROY ROAD, SUITE 140 ORLANDO, FL 32811  City FL Zip Code  8. The above ramed ently submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, virtually registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  Make check payable to Florida Department of State  ITITY  MGRM  MGRM  LITTLE, IAN WILLIAM  LI	Zip		Country	Zip	Country	у	5. Certificate	of Status Desired			
LAVIGNE_ JAMES R ESQ LAVIGNE_ COTON & ASSOCIATES, P.A. S301 CONROY ROAD, SUITE 140  ORLANDO, FL 32811  City	3468		<del></del>	<del></del>	<u>u.s</u>	- A -	7. Name and	Address of New Ro		90	
Street Address (P.O. Box Number is Not Acceptable)	LANGONE		2.500			Name					
City FL Zip Code  8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations or registered agent.    Chy   FL   Zip Code	LAVIGNE,	COTON	& ASSOCIATES, P.A.			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	ORLANDO	), FL 328	311		ŀ	City	City Zip Code				
Filing Fee is \$50.00  Bus by May 1, 2004  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM UTTLE, IAN WILLIAM UTTLE, IAN WILLIAM STREET ADDRESS CITY-ST-2P  TITLE MARE STR				the purpose of changing its r	registered	d office or regist	ered agent, or bot	h, in the State of Flo		n, and accept	
Bue by May 1, 2004  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MGRM LITTLE, IAN WILLIAM STREETADRESS CITY-ST-2P  HERTS, CM23 2AB UNITED KINGD.  ITTLE  MAKE STREETADRESS CITY-ST-2P  TITLE  MAKE STREETADRESS CITY-ST-2P	SIGNATURE .	Signature, type	d or printed name of registered agent a	and title if applicable. (NOTE:	: Registered	Agent signature requi	red when reinstating)		DATE		
TITLE NAME NAME NAME ALTTILE, IAN WILLIAM LITTLE, IAN WILLIAM LITTLE, IAN WILLIAM ALTTILE, IAN WILLIAM STREET ADDRESS CITY-ST-2P HERTS, CM23 2AB UNITED KINGD,  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRES											
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ITTLE NAME SIREET ADDRESS CITY-ST-ZP  ITTLE NAME STREET ADDRESS CITY-S									Chan-	Addition	
MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	LITTLE, 44 KING	SCOURT, BISHOPS STO	ORTFORD	NAME STREET	TADORESS 166	TLE, IAN	TREE DRIVE		L. Auguluii	
NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP	LITTLE, 44 KING	SCOURT, BISHOPS STO	ORTFORD GD,	NAME STREET CITY-S	TADDRESS 166	TLE , IAN 24 FRINGE	TREE DRIVE	34610		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LITTLE, 44 KING	SCOURT, BISHOPS STO	ORTFORD GD,	NAME STREET CITY-S TITLE NAME STREET	TADDRESS //66 ST-ZIP SPR	TLE , IAN 24 FRINGE	TREE DRIVE	34610		
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