

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90110 039 ****50.00

DOCUMENT # L02000027705

1. Entity Name
PRW MANAGEMENT, LLC



Principal Place of Business

**23445 RIO DEL MAR
BOCA RATON FL 33486**

Mailing Address

**23445 RIO DEL MAR
BOCA RATON FL 33486**

2. Principal Place of Business

7280 W. Palmetto Park Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

52-2384342

Applied For

Not Applicable

Zip

Country

33433 USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DEC CONSULTANTS, INC.
5070 HIGHWAY A1A, NORTH
SUITE 221
VERO BEACH FL 32963-1216~~

Name

Shawn M. Williams

Street Address (P.O. Box Number is Not Acceptable)

7280 W. PALMETTO PARK ROAD

SUITE 205

City **BOCA RATON**

FL

Zip Code

33433

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

x Shawn Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 8/1/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	POWELL, FRED M.D.	
STREET ADDRESS	23445 RIO DEL MAR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RADD, LAURA	
STREET ADDRESS	24654 WOODGLADE DRIVE	
CITY-ST-ZIP	WEST HILLS CA 91307	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RADD, PETER	
STREET ADDRESS	24654 WOODGLADE DRIVE	
CITY-ST-ZIP	WEST HILLS CA 91307	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHAWN M	
STREET ADDRESS	23445 RIO DEL MAR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

x Shawn Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

x 8/1/03

Daytime Phone #

CR2E083 (4/03)