

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90130 041 ****50.00

DOCUMENT # L02000029255

1. Entity Name
MWD EQUITY, LLC



Principal Place of Business
2300 GLADES RD., STE. 100E
BOCA RATON, FL 33431

Mailing Address
2300 GLADES RD., STE. 100E
BOCA RATON, FL 33431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
56-2303358

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, WILLIAM R
2300 GLADES RD., STE. 100E
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREENFIELD, WILLIAM R
2300 GLADES RD STE 100E
BOCA RATON, FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

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

William R. Greenfield 3/15/04

561-392-6662

Date Daytime Phone #