


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90082 016 ****55.00

DOCUMENT # L02000029821 1. Entity Name LWL, LLC																															
Principal Place of Business 12800 UNIVERSITY DR SUITE 250 FT MYERS, FL 33907		Mailing Address 23800 MERANO COURT 202 BONITA SPRINGS, FL 34134																													
2. Principal Place of Business 12800 UNIVERSITY DRIVE		3. Mailing Address 23800 MERANO COURT																													
Suite, Apt. #, etc. SUITE 240		Suite, Apt. #, etc. # 202																													
City & State FORT MYERS, FLORIDA		City & State BONITA SPRINGS, FLORIDA																													
Zip 33907	Country	Zip 34134	Country																												
4. FEI Number 83-0343884		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent WHELOW, JENNIFER L 3838 TAMiami TRAIL NORTH THIRD FLOOR NAPLES, FL 34103		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>MGRM LYNNE, ADAMS F</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>23800 MERANO COURT #202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34134</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	MGRM LYNNE, ADAMS F	<input type="checkbox"/>	STREET ADDRESS	23800 MERANO COURT #202		CITY-ST-ZIP	BONITA SPRINGS, FL 34134		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td>MGRM LYNNE F. ADAMS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>23800 MERANO COURT, # 202</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FLORIDA 34134</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME	MGRM LYNNE F. ADAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	23800 MERANO COURT, # 202			CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134		
TITLE	NAME	Delete																													
NAME	MGRM LYNNE, ADAMS F	<input type="checkbox"/>																													
STREET ADDRESS	23800 MERANO COURT #202																														
CITY-ST-ZIP	BONITA SPRINGS, FL 34134																														
TITLE	NAME	Change	Addition																												
NAME	MGRM LYNNE F. ADAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS	23800 MERANO COURT, # 202																														
CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME		<input type="checkbox"/>																													
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME		<input type="checkbox"/>																													
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME		<input type="checkbox"/>																													
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME		<input type="checkbox"/>																													
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
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: <i>Lynne Adams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/29/04 Daytime Phone # 239-939-3900																													