

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000031800</b>		
1. Entity Name <b>DAW OF FLORIDA, LLC</b>		
Principal Place of Business <b>915 OAK HARBOUR DR. UNIT 915 JUNO BEACH, FL 33408</b>		Mailing Address <b>55 WEST DELAWARE PLACE UNIT 207 CHICAGO, IL 60610 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03152008 No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>16-1642007</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>WALSH, DEBORAH A 30 GRAND BAY CIRCLE JUNO BEACH, FL 33408</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, DEBORAH A 55 WEST DELAWARE PLACE UNIT 207 CHICAGO, IL 60610	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u>Deborah A. Walsh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>3/21/06</u> Date <u>787 8984</u> Daytime Phone