

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000001195

1. Entity Name
FWC REAL ESTATE, L.L.C.



Principal Place of Business

210 RINEHART RD.
SUITE 1000
LAKE MARY, FL 32746

Mailing Address

210 RINEHART RD.
SUITE 1000
LAKE MARY, FL 32746



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0559455

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MICHAEL D M.D.
210 RINEHART RD.
SUITE 1000
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FRIEDMAN, MICHAEL D MD
210 RINEHART RD.
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WITTEN, CHARLES N MD
210 RINEHART RD.
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CANGIANO, THOAMS MD
210 RINEHART RD.
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000946576
05/30/08-80054-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #