

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003579

Entity Name: DW, LLC

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

6 COQUINA STONE LN
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

6 COQUINA STONE LN
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 11-3670285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE, SUITE B-1
PORT ORANGE, FL 32127 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WALTRIP, D. DWAYNE
Address: 530 SCOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: WALTRIP, DONNA M
Address: 530 SCOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: D.DWAYNE WALTRIP

MGRM

05/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date