2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# L03000009291

Entity Name: M.W., L.L.C.

Current Principal Place of Business:

9190 SOUTHMONT COVE, UNIT 204
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9190 SOUTHMONT COVE, UNIT 204
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 16-1691489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MIKE
9190 SOUTHMONT COVE, UNIT 204
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: WILSON, MIKE
Address: 9190 SOUTHMONT COVE UNIT 204
City-St-Zip: FT. MYERS, FL 33908

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: MIKE WILSON MGRM 03/25/2004

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