2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7. 1

Principal Place of Business 1190 PARK MENUE 11	1. Entity Name	MENT # L03000012	2323				; † 3 0.	
1190 PARK WENUE WINTER PARK, FL 32789 2. Firecipal Place of Business Suita, April # 600. Suita, April # 6	CWC HOL	DINGS, LLC					J.	
This press activate Thomas	Principal Place	of Business	Mailing Address			2005 MAY 10 D	२: ।	
Serious Place of Rusiness Suite, Apil. #, otc. Suite, Apil. #, o						•		
Suite, Apil #, etc. Suite Suite, Apil #, etc. Suite Suit	MINIEKTANI		WHITEKT FRING, TE 327	00		SECRETARY OF	STATE Www.iii.ii	
City & State County Zip	2. Principal Place of Business		3. Mailing Address					
Section Sect						03192004 Chg-LLC CR		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWMAN, WILLIAM R JR. ESO 315 E. ROBINSON STREET, STE. 600 ORLANDO, FL 32801 Street Address (P.O. Box Number is Not Acceptable) 14 E. // Washington Street, Suite 600 ORLANDO, FL 32801 8. The above named eginy submits not suggestered from the purpose of changing is registered office or registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent. Filling Fee is \$50.00 Due by May 1, 2004 Filling Fee is \$50.00 Make check payable to Florida Department of State 10. MCRN ITME MARK SIRET ADDRESS OTH-ST-2P THE MARK SIRET ADDRESS OTH-ST-2P	City & State		City & State			4. FEI Number		
Name Street Address (P.O. Box Number is Not Acceptable) 14 E. // Mashington Street, Suite 600 15 E. ROBINSON STREET, STE. 600 16 E. // Mashington Street, Suite 600 17 F. I 28201 8. The above named entry submits mis signored for the purpose of changing its registered office or registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered entry submits mis signored for the purpose of changing its registered office or registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered entry submits miss accept the obligations of registered entry submits registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered entry submits registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida, I am familian with, and accept the obligations of registered eigent, or both, in the State of Florida Department of State of Plants Statutes, I furner centry that the information tenthed business company or the registered with its filling coes not qualify for interventional department and accept the state of the County of the registered with its filling coes	Zip	Country	Zip	Country		5. Certificate of Status Desired		
LOWMAN, WILLIAM R JR. ESO 315 E ROBINSON STREET, STE. 600 RICHARDO, FL 32801 8. The above named entry subtile his singurent for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered different registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered agent, or both, in the State of Fordia. I am familial with, and accept the chilippinions of registered agent, or both, in the State of Fordia. I am familial with, and accept the children agent agent, or both, in the State of Fordia. I am familial with, and accept the children agent age		6. Name and Address of Curren	t Registered Agent	Nome		7. Name and Address of New Register	ed Agent	
ORLANDO, FL 32801 14 E./Washington Street, Suite 600	LOWMAN,	WILLIAM R JR, ESQ		Thor	nas R	. Allen		
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 Florica. I am familiar with, and accept the obligations of registered registering of registering agent and registering with an electric part of the purpose of changing its registered agent or product registering with a most registering most registering with a most registering most registering with a most registering most registering with a most registering most registering most registering with a most registering registering most registerin	315 E. ROE ORLANDO	BINSON STREET, STE. 600 , FL 32801	Street Address 14 E./W		ddress (F L./Wa	(P.O. Box Number is Not Acceptable) ashington Street, Suite 600		
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 Florica. I am familiar with, and accept the obligations of registered registering of registering agent and registering with an electric part of the purpose of changing its registered agent or product registering with a most registering most registering with a most registering most registering with a most registering most registering with a most registering most registering most registering with a most registering registering most registerin				City	1.		Zip Code	e 0.1
SIGNATURE Scalute typed to period acting and village and alle it specicable. Filling Fee is \$50.00 Due by May 1, 2004 S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MARE SIRET ADDRESS CITY-S1-2P TITLE Delete TITLE Delete TITLE MARE SIRET ADDRESS CITY-S1-2P TITLE Delete TITLE MARE Delete TITLE MARE SIRET ADDRESS CITY-S1-2P TITLE Delete TITLE MARE SIRET ADDRESS CITY-S1-2P TITLE MARE MARE MARE SIRET ADDRESS CITY-S1-2P TITLE MARE MA	8. The above	named entity submits this statement f	or the purpose of changing its					
Filing Fee is \$50.00 Bue by May 1, 2004 9. MANAGING MEMBERS / MANAGERS 10. MCRM Clayton, Charles W Jr. Change TXAddition NAME STRET ADDRESS CITY-ST-ZP Change Addition Ch	the obligation	ons of registered agent.	<u> </u>					
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE Delete TILE Delete TILE	SIGNATURE	Signature, typed or printed name of registered agen	at and talle if applicable. (NOTE	Thor Registered Agent signa	nas R	. Allen 04/29 when reinstating) DA	/04 ™E	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE Delete TILE Delete TILE								
TITLE Delete TITLE MGRM Clayton, Charles W Jr. Change XXAddition STREET ADDRESS LIPO N. Park Avenue Winter Park, FL 32789 Addition Change Change Addition Change Change Addition Change Change Addition Change								e
INME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	9.	MANAGING MEMB	ERS/MANAGERS	10.	i Mizit			
STREET ADDRESS CITY-ST-ZIP Delete			☐ Delete	TITLE	_		☐ Change	XX Addition
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS OS/18 / 04 - 01062 - 014 **1548.75 TITLE Delete TITLE NAME STREET ADDRESS OS/18 / 04 - 01062 - 014 **1548.75 TITLE Delete TITLE NAME NAME STREET ADDRESS OS/18 / 04 - 01062 - 014 **1548.75 TITLE Delete TITLE NAME NAME STREET ADDRESS OS/18 / 04 - 01062 - 014 **1548.75 TITLE Delete TITLE NAME NAME				NAME	C1a	lyton, Charles W Jr.	_ •	
NAME STREET ADDRESS S	STREET ADDRESS			STREET ADDRESS	119	00 N. Park Avenue	_ •	
CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS O5/18/04—01062—014 **1548.75 TITLE NAME NAME	STREET ADDRESS CITY-ST-ZIP	<u> </u>		STREET ADDRESS CITY-ST-ZIP	119	00 N. Park Avenue		
TITLE Delete TITLE NAME STREET ADDRESS O5/18/04—01062—014 **1548.75 TITLE Delete TITLE De	STREET ADDRESS CITY-ST-ZIP TITLE	.	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	119	00 N. Park Avenue	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP Delete	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS	;	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	119	00 N. Park Avenue	☐ Change	☐ Addition
SIRECT ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	119	00 N. Park Avenue		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	119	90 N. Park Avenue nter Park, FL 32789	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP SECTION STREET ADDRESS CITY-ST-ZIP STREET ADDRE	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	119	90 N. Park Avenue hter Park, FL 32789	Change	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. 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 receive our ustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 1. A 28.04 (407) 0000	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	119	90 N. Park Avenue hter Park, FL 32789	□ Change 6538 14 **15	□ Addition 48.75
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the examption stateon 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 logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received substate empowered to execute this report as required by Chapter 698, Florida Statutes. SIGNATURE: NAME	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	119	90 N. Park Avenue hter Park, FL 32789	□ Change 6538 14 **15	□ Addition 48.75
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not quality for the examption stateor 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 received curstee empowered to execute this report as required by Chapter 698, Florida Statutes. SIGNATURE: STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not quality for the examption stateor 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 received curstee empowered to execute this report as required by Chapter 698, Florida Statutes. 622.	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	119	90 N. Park Avenue hter Park, FL 32789	☐ Change 5 3 3 5 14 **15 ☐ Change	□ Addition 48.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 received our ustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 1. Change Addition Addit	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	119	90 N. Park Avenue hter Park, FL 32789	☐ Change 5 3 3 5 14 **15 ☐ Change	☐ Addition 48.75 ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not quality 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 receive our ustee empowered to execute this report as required by Chapter 698, Florida Statutes. SIGNATURE:	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	119	90 N. Park Avenue hter Park, FL 32789	☐ Change 5 3 3 5 14 **15 ☐ Change	☐ Addition 48.75 ☐ Addition
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the examplion stateorin 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 received outside empowered to execute this report as required by Chapter 698, Florida Statutes. SIGNATURE: 1. A 28.04 (407) 0000	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	119	90 N. Park Avenue hter Park, FL 32789	Change Change Change	Addition 48.75 Addition
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 received outside empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4.28.04 (407) 0000	STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME		Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE TITLE TITLE TITLE TITLE TITLE	119	90 N. Park Avenue hter Park, FL 32789	Change Change Change	Addition 48.75 Addition
indicated on this report is true and accurate and that my signature shall have the safe legal effect as if made funder oath; that I am a managing member or manager of the limited liability company or the receive got ustee empowered to execute this report as equivery. Chapter 698, Florida Statutes. 622. SIGNATURE:	STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	119	90 N. Park Avenue hter Park, FL 32789	Change Change Change	Addition 48.75 Addition
SIGNATURE: Marles W Staylon. p. 4.28.09 (407) 0000	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	119 Wir	90 N. Park Avenue nter Park, FL 32789 80003655 05/18/04010620	☐ Change ☐ Change ☐ Change ☐ Change	Addition 48.75 Addition Addition
SIGNATURE: 4011 0000	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	on this report is true and accurate an	Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP	119 Wir	20 N. Park Avenue Iter Park, FL 32789 2003655 05/18/04-01062-0	Change Change Change Change	Addition 48.75 Addition Addition
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNAG MANAGING MEMBER, MANAGER OF MYTHOUTZER REPRESENTATIVE Date Daytime Phone #	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	on this report is true and accurate and pility company or the receive or suste	Delete Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP	119 Wir	20 N. Park Avenue Iter Park, FL 32789 2003655 05/18/04-01062-0	Change Change Change Change	Addition 48.75 Addition Addition
	STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. hereby coindicated delimited liab	on this report is true and accurate and hilly company or the received or fuston white company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company or the received or fuston which was a company	Delete Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP	119 Wir	20 N. Park Avenue Iter Park, FL 32789 2003655 05/18/04-01062-0	Change Change Change Change	Addition 48.75 Addition Addition