


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028205			
1. Entity Name H & W DEVELOPERS, LLC			
Principal Place of Business 4486 CRAYTON RD NAPLES FL 34103 US		Mailing Address 4486 CRAYTON RD NAPLES FL 34103 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 4486 Crayton Rd		Suite, Apt. #, etc. 4486 Crayton Rd	
City & State Naples FL		City & State Naples FL	
Zip 34103	Country USA	Zip 34103	Country USA
4. FEI Number 56-2382307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CREASY, HENRY 4486 CRAYTON ROAD NAPLES FL 34103		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CREASY, HENRY 4486 CRAYTON RD NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000573440 08/04/06-80009-005 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Henry Creasy, Managing Member* **HENRY CREASY** 8.2.06 239 641-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #