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**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031745 1. Entity Name MWP, L.L.C.	
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Principal Place of Business 511 MULBERRY STREET COLEMAN, FL 33521	Mailing Address PO BOX 1069 COLEMAN, FL 33521-1069
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03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0347974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLAUGHLIN, PATRICK 511 MULBERRY STREET COLEMAN, FL 33521
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**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAUGHLIN, PATRICK 511 MULBERRY STREET COLEMAN, FL 33521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ICOX, RICK W 511 MULBERRY STREET COLEMAN, FL 33521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEADON, ROYCE 511 MULBERRY STREET COLEMAN, FL 33521
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/13/05-80083-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/25/05 352-7483482
Date Daytime Phone #