


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90048 004 \*\*\*\*50.00

<b>DOCUMENT # L03000038166</b>	
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1. Entity Name  
LWD INVESTMENTS, LLC

Principal Place of Business 11115 MARIGOLD DRIVE BRADENTON, FL 34202 US	Mailing Address 11115 MARIGOLD DRIVE BRADENTON, FL 34202 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>16-1685638</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DORMAN, LORI M 601 12TH STREET WEST BRADENTON, FL 34205		Name	
		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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, WILLIAM A			NAME			
STREET ADDRESS	7803 ALHAMBRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, ELIZABETH J			NAME			
STREET ADDRESS	7803 ALHAMBRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, MARK W			NAME			
STREET ADDRESS	11115 MARIGOLD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREW, KRISTINE A			NAME			
STREET ADDRESS	13710 CHESTERSALL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Mark Wolfe Mark Wolfe 4/19/04 (941)962-7562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #