

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90355 024 ****50.00

DOCUMENT # L03000039375					
1. Entity Name PW INVESTORS, LLC					
Principal Place of Business 15758 95TH AVE. N. JUPITER, FL 33478			Mailing Address 15758 95TH AVE. N. JUPITER, FL 33478		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-2132789	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARD, DENINE 15758 95TH AVE. N. JUPITER, FL 33478				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 NAME STREET ADDRESS CITY-ST-ZIP	MGR PEACOCK, ART 15815 BOEING CT WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, ROY M II 15758 95TH AVE. N. JUPITER, FL 33478		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paul D. Cleary 13340 86th Rd N West Palm Beach FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paul D. Cleary 13340 86th Rd N West Palm Beach FL 33412 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lawrence A. Silvestri 15180 Meadow Wood Dr Wellington FL 33414-9019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lawrence A. Silvestri 15180 Meadow Wood Dr Wellington, FL 33414-9019 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Lawrence A. Silvestri</i>			4/19/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		