

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041406

Entity Name: DWI PROPERTIES, LLC

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3034 ALLAMANDA ST  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

8720 DAVISHIRE DRIVE  
RALEIGH, NC 27615 US

**Current Mailing Address:**

3034 ALLAMANDA ST  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

8720 DAVISHIRE DRIVE  
RALEIGH, NC 27615 US

FEI Number: 56-2430785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAGER, PATRICIA  
3034 ALLAMANDA ST  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WAGNER, ROBERT CPA,CFE  
Address: 8720 DAVISHIRE DRIVE  
City-St-Zip: RALEIGH, NC 27615

Title: MGR  
Name: IVENS, KEVIN  
Address: 8720 DAVISHIRE DRIVE  
City-St-Zip: RALEIGH, NC 27615

Title: MGRM  
Name: IVENS, ROGER  
Address: 8720 DAVISHIRE DRIVE  
City-St-Zip: RALEIGH, NC 27615

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT WAGNER, CPA, CFE

MGRM

04/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date