


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90075 008 ****75.00

DOCUMENT # L03000045438					
1. Entity Name LMW SHOP ASSOCIATES, LLC					
Principal Place of Business 1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 33486-6505			Mailing Address 1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 33486-6505		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04092004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0413571				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			7. Name and Address of New Registered Agent		
CHRISTIAN, GARY I C/O RUMPH, STODDARD & CHRISTIAN 3100 UNIVERSITY BLVD. SOUTH, SUITE 101 JACKSONVILLE, FL 32216			Name <i>Ann M. Rosenberg</i> Street Address (P.O. Box Number is Not Acceptable) <i>1560 SW 14th Dr.</i> City <i>Boca Raton</i> FL Zip Code <i>33486</i>		
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 <i>Ann M. Rosenberg</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>April 9, 2004</i> <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
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	MGRM ROSEVINE ENTERPRISES, LLC <input checked="" type="checkbox"/> Delete 1950 SPECTRUM CIRCLE, SUITE 400 MARIETTA, GA 30067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG HOLDINGS, LLC <input checked="" type="checkbox"/> Delete 1560 SOUTHWEST 14TH DRIVE BOCA RATON, FL 334866505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNROSE ENTERPRISES, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1560 SW 14th Dr. Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Ann M. Rosenberg</i> Owner April 9, 2004 561-416-9096 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Ann M. Rosenberg