

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000045438

**FILED**  
**Oct 15, 2008**  
**Secretary of State****Entity Name:** LMW SHOP ASSOCIATES, LLC**Current Principal Place of Business:**2424 NORTH FEDERAL HIGHWAY  
SUITE 455  
BOCA RATON, FL 33431 US**New Principal Place of Business:**583 105TH AVE. N.  
UNIT 6  
ROYAL PALM BEACH, FL 33411 US**Current Mailing Address:**2424 NORTH FEDERAL HIGHWAY  
SUITE 455  
BOCA RATON, FL 33431 US**New Mailing Address:**17769 HAMLIN BLVD.  
LOXAHATCHEE, FL 33470 US**FEI Number:** 20-0413571**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSENBERG, ANN M  
2424 NORTH FEDERAL HIGHWAY  
SUITE 455  
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**MILLER, JASON  
17769 HAMLIN BLVD.  
LOXAHATCHEE, FL 33470 US

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: JASON MILLER

10/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** ANNROSE ENTERPRISES,, LLC  
**Address:** 2424 NORTH FEDERAL HIGHWAY SUITE 455  
**City-St-Zip:** BOCA RATON, FL 33431**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** MILLER, JASON MEMBER  
**Address:** 17769 HAMLIN BLVD.  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JASON MILLER

MGRM

10/15/2008

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