

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

DOCUMENT # L03000047246

1. Entity Name
CWEE INVESTMENT GROUP, LLC



05-03-2004 90136 027 ****50.00

08-09-2004 90146 049 ****55.00

Principal Place of Business
5750 PINKNEY AVENUE
SARASOTA, FL 34233

Mailing Address
5750 PINKNEY AVENUE
SARASOTA, FL 34233

2. Principal Place of Business

1751 Mound Street

Suite, Apt. #, etc.
#107

City & State

Sarasota, FL

Zip
34236

Country
Sarasota

3. Mailing Address

1751 Mound Street

Suite, Apt. #, etc.
#107

City & State

Sarasota, FL

Zip
34236

Country
Sarasota



08032004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

81-059-2125

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUMWAY, ERICK H
5750 PINKNEY AVENUE
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE *Managing Partner* ☐ Delete
NAME *ERICK H. SHUMWAY*
STREET ADDRESS *1751 Mound St. Ste #107*
CITY-ST-ZIP *Sarasota, FL 34236*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-4-04