2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/4/23

FILED
Jun 17, 2004 8:00 am
Secretary of State
04-23-2004 90011 020 ****50.00

DOCUMENT # L03000049393

1. Entity Name
DW INVESTORS LLC

34008724

Principal Place of Business	Mailing Address
C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DR., STE. 114 JACKSONVILLE, FL 32202	C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DR., STE. 114 JACKSONVILLE, FL 32202

04052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
One Independent Dr.	One Independent Dr.
Suite, Apt. #, etc.: Suite 114	Suite, Apt. #, etc.: Suite 114
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

4. FEI Number: 57-1195406 ☐ Applied For ☐ Not Applicable

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
NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301	Name: William G. Evans Street Address (P.O. Box Number is Not Acceptable): One Independent Dr Suite 114 City: Jacksonville FL Zip Code: 32202

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: _____ 4/20/04
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 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Member~~ Manager James R. Hetzstand 512 East Washington Street, Suite 114 Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Member~~ Delete ~~William~~ G. Evans ~~One Independent Drive, Suite 114~~ ~~Jacksonville, FL 32202~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Member~~ Delete ~~Troy M Cox~~ ~~213 Anastasia Way South~~ ~~St. Petersburg, FL 33712~~
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
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: _____ 4/20/04 (904)356-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #