

FILED**Jan 13, 2006 08:00 A**
Secretary of State**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000049426 1. Entity Name L & W DEVELOPMENT & CONSTRUCTION, LLC	
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Principal Place of Business 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407 US	Mailing Address 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407 US
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01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0442855	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent**WOOD, FRANK JR.
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407****DO NOT WRITE
IN THIS SPACE**

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 recertifying)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006****U00000386216
01/18/06-80046-022 50.00****9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, FRANK JR. 1815 TURNER WOOD LANE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILBUR T. LEDMAN, AS TRUSTEE OF THE WILBUR 3614 PRESERVE BLVD. PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #