


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State
SCAI

DOCUMENT # L03000049426 1. Entity Name L & W DEVELOPMENT & CONSTRUCTION, LLC	
--	---

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
--	--



01082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0442855	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 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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000603756
01/29/07-80024-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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: _____

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

Date

Daytime Phone #

1-9-07