

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000051525

1. Entity Name
W.W. REWIS, LLC



Principal Place of Business
**19725 NALLE ROAD
NORTH FT. MYERS, FL 33917**

Mailing Address
**19725 NALLE ROAD
NORTH FT. MYERS, FL 33917**



01132005No Chg-LLC

GR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0486556

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REWIS, WILLIAM W
19725 NALLE ROAD
NORTH FT. MYERS, FL 33917**

**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 (file if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REWIS, WILLIAM W
19725 NALLE ROAD
NORTH FT. MYERS, FL 33917**

TITLE
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CITY-ST-ZIP

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02/10/05-80083-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William W Rewis

2/12/05

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

Date

Daytime Phone #