## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 06, 2007 8:00 am Secretary of State

DOCUMENT # L03000052922  1. Entity Name EPW PROPERTIES, LLC						02-06-2007 90028 001 ****50.00				
Principal Plac	e of Business	Mailing Address	· · · · ·		٦					
714 MANATEE AVENUE EAST BRADENTON, FL 34208		714 MANATEE AVENUE EAST BRADENTON, FL 34208		1004011 211	Palag inn sain acht sea		<b></b>			
2 2 2 2 2 2 2	face of Business - No P.O. Box #	3. Mailing Address								
2. Principal P	tace of Business - No P.O. box #	3. Maining Address	_			81184        <b>68     68 4</b>		jia basa kul	A11 (() 168)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007	Chg-LLC	CR2E083 (	(12/06)			
City & State		City & State		4. FEI Number 54-213			$\rightarrow$	plied For t Applicable		
Zip Country		Zip	Zip Country			of Status Desired		00 Addi	itional	
	6. Name and Address of Currer	nt Registered Agent	1		7. Name and	Address of New				
				Name						
WILLIAMS, BRITTON H 714 MANATEE AVENUE EAST BRADENTON, FL 34208				Street Address (P.O. Box Number is Not Acceptable)						
[			_							
	_			City				Zip Code		
	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered	office or regist	tered agent, or bo	th, in the State of F	lorida. Lam famil	liar with,	and accept	
SIGNATURE		·							<del></del>	
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered A	Agent signature requi	red when reinstating)		DATE			
1							·			
F. D	iling Fee is \$50.00 ue by May 1, 2007						ke check paya la Department		<b>;</b>	
9.	ue by May 1, 2007	BERS/MANAGERS	10.			Floric			•	
9.	MANAGING MEMI	BERS/MANAGERS	TITLE			Floric	Ja Department		Addition	
9. TITLE NAME	MANAGING MEMI MGRM WILLIAMS, ERIN P		TATLE NAME	I ADDRESS		Floric	Ja Department	of State		
9.	MANAGING MEMI		TATLE NAME	I ADDRESS ST-ZIP		Floric	Ja Department	of State		
9. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMI MGRM WILLIAMS, ERIN P 113 30TH ST W		TITLE NAME STREET CITY-S TITLE	ST-ZIP		Floric	da Department	of State		
9. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMI MGRM WILLIAMS, ERIN P 113 30TH ST W	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP		Floric	da Department	of State	Addition	
9. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMI MGRM WILLIAMS, ERIN P 113 30TH ST W	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP T ADDRESS		Floric	da Department	of State	Addition	
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Intereby 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 1-31-07

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

Date

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