


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000054065 1. Entity Name EREWON, LC	
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Principal Place of Business 209 ELLA AVE. INVERNESS, FL 34450 US	Mailing Address 209 ELLA AVE. INVERNESS, FL 34450 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 71-0957781	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 COXWELL, CARL E SR 209 ELLA AVE. INVERNESS, FL 34450
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**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 reinstating) DATE

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

000000589853
01/18/07-80033-015 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COXWELL, CARL E SR 209 ELLA AVE. INVERNESS, FL 34450
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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: Carl E. Coxwell Sr. CARLE COXWELL 1-14-07 352 7260073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #