

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 10, 2006  
Secretary of State**

DOCUMENT# L04000007847

Entity Name: SAW WORX, LLC

**Current Principal Place of Business:**

6212 HAMPTON STREET  
MELROSE,, FL 32666 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 97  
MELROSE,, FL 32666 US

**New Mailing Address:**

FEI Number: 20-0793220      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEWELL, PAUL D  
260A LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HORNE, CHARLES H  
Address: 6212 HAMPTON STREET  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES H. HORNE

MGRM

07/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date