


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90092 001 \*\*\*150.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # L04000013492</b>  |   |    |  |
| 1. Entity Name<br>CWI INVESTOR HOLDINGS TWO, LLC  |   |   |  |
| Principal Place of Business<br>7700 E. PRINCESS DRIVE<br>SUITE 11<br>SCOTTSDALE AZ 85255<br>US  |   | Mailing Address<br>7700 E. PRINCESS DRIVE<br>SUITE 11<br>SCOTTSDALE AZ 85255<br>US  |  |
| 2. Principal Place of Business<br>301 W Warner Rd<br>Suite, Apt. #, etc. #118   |   | 3. Mailing Address<br>301 W Warner Rd<br>Suite, Apt. #, etc. #118   |  |
| City & State Tempe AZ   |   | City & State Tempe AZ   |  |
| Zip 85284   | Country MARICOPA  | Zip 85284   | Country MARICOPA   |
| 6. Name and Address of Current Registered Agent<br>DOWNING, GRANT T<br>222 W. COMSTOCK AVENUE<br>SUITE 101<br>WINTER PARK FL 32789  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
| 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 reinstating) DATE _____   |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>  |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GOLD, PETER<br>7700 E. PRINCESS DRIVE, SUITE 11<br>SCOTTSDALE AZ 85255 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CORONADO WEST INC.<br>301 W WARNER RD #118<br>TEMPE AZ 85284 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

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

Date

Daytime Phone #

4-21-06 4808200977