

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90027 028 \*\*\*143.75

<b>DOCUMENT # L04000022146</b> 1. Entity Name <b>CWM 1989 TRUST LLC</b>					
Principal Place of Business <b>3024 NE 22 STREET FT. LAUDERDALE, FL 33305</b>			Mailing Address <b>C/O LEFKOWITZ 3024 NE 22 STREET FT. LAUDERDALE, FL 33305</b>		
2. Principal Place of Business - No P.O. Box # <b>1100 E Las Olas Blvd</b>		3. Mailing Address <b>1100 E Las Olas Blvd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>		4. FEI Number <b>20-3578670</b>	
Zip <b>33301</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEFKOWITZ, WILLIAM H 3024 NE 22 STREET FT. LAUDERDALE, FL 33305</b>		7. Name and Address of New Registered Agent Name <b>Northern Trust, NA Successor Trustee</b> Street Address (P.O. Box Number is Not Acceptable) <b>Christopher MacMillan 1989 Trust</b> <b>Attn: Charles D. Zalakar</b> <b>1100 E Las Olas Blvd</b> City <b>Ft. Lauderdale</b> State <b>FL</b> Zip Code <b>33301</b>			
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 <b>Northern Trust, NA as Successor Trustee of the Christopher MacMillan 1989 Trust</b> SIGNATURE <b>MacMillan 1989 Trust By: William T. Marks</b> DATE <b>4/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Senior Vice President</b> <b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b>	NAME <b>LEFKOWITZ, WILLIAM H</b>		TITLE <b>Manager, Northern Trust</b>	NAME <b>Successor Trustee of the Christopher MacMillan 1989 Trust</b>	
STREET ADDRESS <b>3024 NE 22 STREET</b>	CITY - ST - ZIP <b>FT. LAUDERDALE, FL 33305</b>		STREET ADDRESS <b>1100 E Las Olas Blvd</b>	CITY - ST - ZIP <b>Ft. Lauderdale, FL 33301</b>	
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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. <b>Northern Trust, NA Successor Trustee of the Christopher MacMillan 1989 Trust</b> SIGNATURE: <b>By: William T. Marks</b> DATE <b>04/28/08</b> 954-768-4039 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

**William T. Marks**