

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90036 050 \*\*\*\*50.00

**60001397**



|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L04000026104</b><br>1. Entity Name<br><b>SLW 1, LLC</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>2295 NW CORPORATE BLVD<br/>STE 245<br/>BOCA RATON, FL 33431</b>  |   |  | Mailing Address<br><b>2295 NW CORPORATE BLVD<br/>STE 245<br/>BOCA RATON, FL 33431</b> |   |  |
| 2. Principal Place of Business<br><b>1197 S Rogers Circle</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>1197 S Rogers Circle</b><br>Suite, Apt. #, etc. |   | 01042006    Chg-LLC    CR2E083 (11/05)  |  |
| City & State<br><b>Boca Raton, FL</b><br>Zip    Country<br><b>33487</b>  |   | City & State<br><b>Boca Raton, FL</b><br>Zip    Country<br><b>33487</b>  |   | 4. FEI Number<br><b>20-0961062</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GOLDSTEIN, DALE<br/>2295 NW CORPORATE BLVD<br/>STE 245<br/>BOCA RATON, FL 33431</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1197 S Rogers Circle</b><br>City    State    Zip Code<br><b>Boca Raton    FL    33487</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.  |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |  |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LUPO, JACK<br>2295 NW CORPORATE BLVD, STE 245<br>BOCA RATON, FL 33432      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>1197 S. Rogers Circle<br/>Boca Raton, FL 33487</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GOLDSTEIN, DALE<br>2295 NW CORPORATE BLVD, STE 245<br>BOCA RATON, FL 33432 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>1197 S. Rogers Circle<br/>Boca Raton, FL 33487</b>   | <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            |
| 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            |
| 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>SIGNATURE:</b> <u><i>Jack Lupo</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | Date: <u>1/6/06</u> Daytime Phone #: <u>561-998-7100</u>                              |   |  |