

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000035473

**FILED**  
**May 10, 2005**  
**Secretary of State****Entity Name:** CWP INVESTMENTS, LLC**Current Principal Place of Business:**8231 BAY COLONY DRIVE  
UNIT #1504  
NAPLES, FL 34108 US**New Principal Place of Business:****Current Mailing Address:**8231 BAY COLONY DRIVE  
UNIT #1504  
NAPLES, FL 34108 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NICI, JAMES R ESQ.  
C/O COX & NICI, 1185 IMMOKALEE ROAD  
SUITE #110  
NAPLES, FL 34110 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/MEMBERS:**Title: MGR ( ) Delete  
Name: PALLAS, WILLIAM C  
Address: 8231 BAY COLONY DRIVE, UNIT #1504  
City-St-Zip: NAPLES, FL 34108 USTitle: MGR ( ) Delete  
Name: PALLAS, KATHERINE R  
Address: 8231 BAY COLONY DRIVE, UNIT #1504  
City-St-Zip: NAPLES, FL 34108 US**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: PALLAS, CHRISTOPHER W  
Address: 8231 BAY COLONY DRIVE, UNIT #1504  
City-St-Zip: NAPLES, FL 34108 USTitle: ( ) 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 Section 119.07(3)(i), 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: CHRISTOPHER W. PALLAS

MGR

05/10/2005

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