
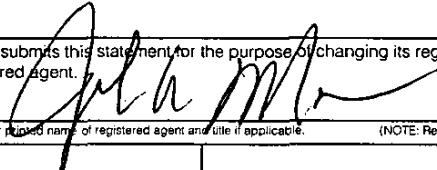
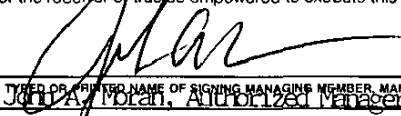


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 046 ****50.00

DOCUMENT # L04000041679					
1. Entity Name LWR ASSOCIATES, LLC					
Principal Place of Business 22 SOUTH LINKS AVENUE, SUITE 300 C/O JOHN A. MORAN SARASOTA, FL 34236			Mailing Address P.O. BOX 3948 C/O JOHN A. MORAN SARASOTA, FL 34230-3948		
2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 700		3. Mailing Address Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State			
Zip 34236	Country U.S.	Zip	Country	4. FEI Number 56-2465400	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORAN, JOHN A 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street		
			Suite 700		
			City Sarasota		FL
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 			DATE 3-14-05		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
		Authorized Manager John A. Moran 1990 Main Street, Suite 700 Sarasota, FL 34236			
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			DATE: 3-14-05		941/366-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE John A. Moran, Authorized Manager			Date		Daytime Phone #