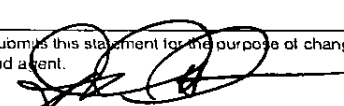
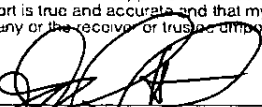


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90027 006 ****50.00

DOCUMENT # L04000042235 1. Entity Name RWF PROPERTIES, LLC					
Principal Place of Business 1725 S. NOVA RD B-11 S. DAYTONA, FL 32119			Mailing Address 1725 S. NOVA RD B-11 S. DAYTONA, FL 32119		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 02-0726548	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDERMOTT, LAWRENCE J 1725 S. NOVA RD B-11 S. DAYTONA, FL 32119			7. Name and Address of New Registered Agent Name McDermott, Lawrence J Street Address 1016 Bel Aire Dr City Daytona Bch FL Zip Code 32118		
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 4/13/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, RICHARD W 3881 S. NOVA RD. PORT ORANGE, FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fernandez, Richard W 37760 S. Golf Course Dr Tuscon AZ 85739	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDERMOTT, LAWRENCE J 1016 BELAIRE DR DAYTONA BEACH, FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeanne Fernandez 37760 S. Golf Course Dr Tuscon AZ 85739	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lucile Q. McDermott 1016 Bel Aire Dr Daytona Bch, FL 32118	☒ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ 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.					
SIGNATURE: 			Date 4/13/07 Daytime Phone # 386-451-0584		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					