


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90038 025 ****50.00

DOCUMENT # L04000043882					
1. Entity Name D. W. ENTERPRISES, LLC					
Principal Place of Business 8740 NW17 MANOR CORAL SPRINGS, FL 33071 US			Mailing Address 8740 NW17 MANOR CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business		3. Mailing Address			
Suites, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DORINSKI, DALE W 8740 NW 17 MANOR CORAL SPRINGS, FL 33071				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
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	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORINSKI, DALE W			NAME	
STREET ADDRESS	8740 NW 17 MANOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORINSKI, BARBARA A			NAME	
STREET ADDRESS	8740 NW 17 MANOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, MICHAEL			NAME	
STREET ADDRESS	19333 COLLINS AVE, APT 1506			STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160			CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, LINDA			NAME	
STREET ADDRESS	19333 COLLINS AVE, APT 1506			STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number **86-1109058** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

Dale W. Dorinski

4-18-05