


**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000043882</b> <small>1. Entity Name</small> <b>D. W. ENTERPRISES, LLC</b>		
<small>Principal Place of Business</small> <b>8740 NW 17 MANOR  CORAL SPRINGS, FL 33071 US</b>	<small>Mailing Address</small> <b>8740 NW 17 MANOR  CORAL SPRINGS, FL 33071 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		



04062006 No Chg-LLC      CR2E083 (11/05)

<small>4. FEI Number</small> <b>86-1109058</b>	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<small>6. Name and Address of Current Registered Agent</small>  <b>DORINSKI, DALE W  8740 NW 17 MANOR  CORAL SPRINGS, FL 33071</b>
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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 \_\_\_\_\_  
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, 2006**

000000500163  
04/25/06-80012-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DORINSKI, DALE W
STREET ADDRESS	8740 NW 17 MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGR
NAME	DORINSKI, BARBARA A
STREET ADDRESS	8740 NW 17 MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGR
NAME	STAHL, MICHAEL
STREET ADDRESS	19333 COLLINS AVE, APT 1506
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGR
NAME	STAHL, LINDA
STREET ADDRESS	19333 COLLINS AVE, APT 1506
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dale W. Dorinski      4-8-06