## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 01, 2005 8:00 am Secretary of State **DOCUMENT # L04000044789** 1. Entity Name 08-01-2005 90093 038 \*\*\*\*55.00 C & W INVESTMENTS, LLC Principal Place of Business Mailing Address 934 SOUTH BUMBY AVE. 934 SOUTH BUMBY AVE. SUUPDODO ORLANDO, FL 32806 ORLANDO, FL 32806 Principal Place of Business 3. Mailing Address 108 Lake Underhill Road 4108 Lake Underhill Road Suite, Apt. #, etc. pt. # 103 07282005 Chg-LLC CR2E083 (10/03) ot. # 103 City & State Applied For 4. FEI Number gr lando. rlando. FLorida <u> 20-1278129</u> Not Applicable Country U:5 \$5.00 Additional 5. Certificate of Status Desired 32803 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, SOUTH, MILHAUSEN & CARR, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O JEFFREY P. MILHAUSEN, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR. TITLE Delete TITLE meRChange ☐ Addition Cole, DAniel J 4108 Lake Underhill Rd Apt. 103 NAME COLE. DANIEL J NAME STREET ADDRESS 934 SOUTH BUMBY AVE. STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CRY-ST-ZIP 0/lando, FL 32803 Спапде MGR: TITLE ☐ Addition TITLE ☐ Delete wentworth, Jeremy WENTWORTH, JÉREMY 4108 Lake Underhill Rd Apt, 103 NAME NAME STREET ADDRESS **60 ESSEX STREET** STREET ADDRESS CITY-ST-ZIP PORTLAND, ME 04102 CITY-ST-ZIP Oclando FL 32803 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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