

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045219

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** DW ENTERPRISES OF CENTRAL FL, LLC

**Current Principal Place of Business:**

5433 COUNTY ROAD 125  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

5433 COUNTY ROAD 125  
WILDWOOD, FL 34785

**New Mailing Address:**

**FEI Number:** 86-1109760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONLEY, DOROTHY E  
5433 COUNTY ROAD 125  
WILDWOOD, FL 34785 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONLEY, WALLACE M  
Address: 5433 COUNTY ROAD 125  
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM (X) Delete  
Name: HOLLAND, ROBERTY  
Address: 5433 COUNTY ROAD 125  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DOROTHY E. CONLEY

VPRE

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date