

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048908

FILED
Sep 05, 2006
Secretary of State

Entity Name: PHILWICK LLC

Current Principal Place of Business:

1705 39TH ST.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1705 39TH ST.
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 83-0415226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN HEUVEN, JAMES A
631 TOMAHAWK TRAIL
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

VAN HEUVEN, JAMES A
1705 39TH ST
VERO BEACH, FL 32960 US

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: _____

09/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN HEUVEN, WICHARD
Address: 700 E HILDEBRAND AVE
City-St-Zip: SAN ANTONIO, TX 78212

Title: MGRM () Delete
Name: ARAGORN LTD,
Address: 27902 WHITE RD
City-St-Zip: PERRYSBURG, OH 43551

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAN HEUVEN, WICHARD
Address: 9025 SOMERSET BAY LANE #201
City-St-Zip: VERO BEACH, FL 32963

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP NELSEN MEMBER, ARAGORN LTD.

MGRM

09/05/2006

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