


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000055031</b>		
1. Entity Name MWS, LLC		
Principal Place of Business PO BOX 51674 SARASOTA, FL 34232	Mailing Address PO BOX 51674 SARASOTA, FL 34232	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ICARD MERRILL CULLIS TIMM FUREN & GINSBURG ATTN: F. THOMAS HOPKINS 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		<p>U000000702443 04/20/07-80098-010 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARKEY, MICHAEL 5219 WILLOW LINKS SARASOTA, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, GILES 8390 WINGATE #511 SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDOX, STEPHEN 4329 EASTWOOD DRIVE SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Stephen Maddox</u>		Date: <u>4-9-07</u> Daytime Phone #: <u>(941) 313-1796</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #