2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# L04000061321

Entity Name: C&W, LLC

Current Principal Place of Business:

4695 NW 199 ST.
MIAMI GARDENS, FL 33035 US

New Principal Place of Business:

540 SW 178TH WAY
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

540 SW 178 WAY
PEMBROKE PINES, FL 33029 US

New Mailing Address:

540 SW 178TH WAY
PEMBROKE PINES, FL 33029 US

FEI Number: 20-1537960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE SEGAUL & BARRIOS, P.A.
790 EAST BROWARD BOULEVARD
SUITE 302
FORT LAUDERDALE, FL 33301 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: WEINTRAUB, LISA M
Address: 540 SW 178 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM ( ) Delete
Name: WEINTRAUB, STUART R
Address: 540 SW 178 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM ( ) Delete
Name: CHRISTIANO, DONALD L
Address: 921 SW 109 AVE.
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM ( ) Delete
Name: CHRISTIANO, ROSE M
Address: 921 SW 109 AVE
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES:

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

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

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: LISA WEINTRAUB MGRM 02/24/2008

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