

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000061327



1. Entity Name
L.F.W. GROUP L.L.C.

Principal Place of Business
20 REDWOOD TRACK COURSE
OCALA, FL 34472 US

Mailing Address
20 REDWOOD TRACK COURSE
OCALA, FL 34472 US



04052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1555900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLSPERMANN, CARL W
1111 NE 25TH AVE
SUITE 202
OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEVE, LOCHRIE J JR
20 REDWOOD TRACK COURSE
OCALA, FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FROBISH, J. T
538 SE 39TH TERRACE
OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILLIAMSON, TERRY B
134 SPAULDING CIRCLE
GOOSE CREEK, SC 29445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000715045
04/27/07-80047-019 50.00

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: _____

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

4/17/07 (352) 427-5636

Date

Daytime Phone #