


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062204 1. Entity Name M&W ENTERPRISES, LLC	
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Principal Place of Business 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066	Mailing Address 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066
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01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1531545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000404246
02/06/06-80040-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELILLO, MICHAEL P 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLIGNOR, WILLIAM A 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066
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IN THIS SPACE**

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: *M. Angelillo* *President for M&W Enterprises LLC* *1/24/06* *954-973-9066*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #