

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064950

1. Entity Name  
KWS, L.L.C.



Principal Place of Business  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32308

Mailing Address  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32308

**FILED**  
05 MAR -8 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1571988

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GOLDBERG, STUART E  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32308

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CHINOY, DAVID A  
STREET ADDRESS 100 BERMUDA BAY CIRCLE, UNIT 108  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE MGRM ☐ Delete  
NAME CHINOY, KATHY G  
STREET ADDRESS 100 BERMUDA BAY CIRCLE, UNIT 108  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE MGRM ☐ Delete  
NAME GOLD BELL PROPERTIES, L.L.C.  
STREET ADDRESS 2039 CENTRE POINTE BLVD., SUITE 201  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

800048446608  
03/15/05--01066--017 \*\*\$5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Stuart E. Goldberg

3-7-05

850.222.4000

Date

Daytime Phone #