2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: -

FILED DOCUMENT # L04000067411 1. Entity Name 06 FEB 14 AM 11: 31 AWI, LLC DEUNCHARY OF STATE Principal Place of Business Mailing Address TALLAHASSPE, FLORIDA 3111 NORTH UNIVERSITY DRIVE 3111 NORTH UNIVERSITY DRIVE **SUITE 1000 SUITE 1000** CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 01192006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1734506 Not Applicable ٠.١ \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ DO NOT WRITE 100 S.E. 2ND STREET 17TH FL MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE AWI, CORP NAME 3111 NORTH UNIVERSITY DRIVE #1000 STREET ADDRESS 900066257519 02/21/06--01019--008 **450.00 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

THOMAS WETSER

2/1/06