


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000067441 1. Entity Name M W 1 PROPERTIES, LLC	
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FILED
05 AUG 23 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-29-05 90059 003 \$50.00



Principal Place of Business 1 HARGROVE GRADE SUITE 1 PALM COAST, FL 32137	Mailing Address 1 HARGROVE GRADE SUITE 1 PALM COAST, FL 32137
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Suite 1b	Suite, Apt. #, etc. Suite 1b
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City & State	City & State
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Zip	Country	Zip	Country
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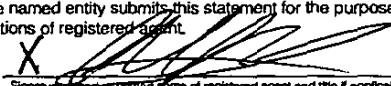
04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIUMENTO & DAVENPORT, P.A. 4 OLD KINGS ROAD, NORTH SUITE B PALM COAST, FL 32137	7. Name and Address of New Registered Agent Name WEBER, ALFRED R JR Street Address (P.O. Box Number is Not Acceptable) 1 HARGROVE GRADE SUITE 1b City PALM COAST FL Zip Code 32137
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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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fees \$50.00
Due by May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	suite 1b	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, ALFRED R JR		NAME		
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	8/23	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, ALFRED R SR		NAME		
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1		STREET ADDRESS	suite 1b	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	8/23	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, PATRICK		NAME		
STREET ADDRESS	3 GRAND AVE		STREET ADDRESS	suite 1b	
CITY-ST-ZIP	AMITYVILLE, NY 11701		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	8/23	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEN, SHIYUAN		NAME		
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1		STREET ADDRESS	suite 1b	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	8/23	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LU, JIA		NAME		
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1		STREET ADDRESS	suite 1b	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE