

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000076975

**FILED**  
**Jun 17, 2006**  
**Secretary of State**

**Entity Name:** B-W PROPS, LLC

**Current Principal Place of Business:**

4117 SE 1ST COURT  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

4117 SE 1ST COURT  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 20-1783026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAGEN, MICHAEL S  
6258 PRESIDENTIAL COURT  
#106  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

HAGEN, MICHAEL S  
6385 PRESIDENTIAL COURT  
#108  
FORT MYERS, FL 33919 US

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.

**SIGNATURE:** MSH

06/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BLACKWELL, BRYAN L  
**Address:** 4117 SE 1ST COURT  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** MGRM ( ) Delete  
**Name:** BLACKWELL, LAURIE A  
**Address:** 4117 SE 1ST COURT  
**City-St-Zip:** CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** MSH

RA

06/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date