

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077540

Entity Name: B. W. INVESTMENTS L.L.C.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

933 E. NORMANDY BLVD.
DELTONA, FL 32725

New Principal Place of Business:

530 ROSE ST
UMATILLA, FL 32784

Current Mailing Address:

933 E. NORMANDY BLVD.
DELTONA, FL 32725

New Mailing Address:

530 ROSE ST
UMATILLA, FL 32784

FEI Number: 58-2685065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BRIAN
933 E. NORMANDY BLVD.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MILLER, BRIAN
530 ROSE ST
UMATILLA, FL 32784 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: BRIAN MILLER

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, BRIAN
Address: 933 E. NORMANDY BLVD.
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: MILLER, WENDI
Address: 933 E. NORMANDY BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, BRIAN
Address: 530 ROSE ST
City-St-Zip: UMATILLA, FL 32784

Title: MGRM (X) Change () Addition
Name: MILLER, WENDI
Address: 530 ROSE ST
City-St-Zip: UMATILLA, FL 32784

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: BRIAN MILLER

MGRM

04/26/2006

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