

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088093

Entity Name: HWS, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

5760 NE 61ST AVE. ROAD
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2547
ORMOND BEACH, FL 32175

New Mailing Address:

P.O. BOX 125
SILVER SPRINGS, FL 34489

FEI Number: 22-3904454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMMERMAN, MARY
5760 NE 61ST AVE. ROAD
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMMERMAN, WILLIAM
Address: 179 ANN RUSTIN DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMMERMAN, WILLIAM
Address: 5760 NE 61ST AVE. ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: MGR () Change (X) Addition
Name: LAJZA, EDWARD
Address: 159 HICKORY STICK CT.
City-St-Zip: DEBARY, FL 32713

Title: MGR () Change (X) Addition
Name: BLOM, ROBERT
Address: 1615 BEECH HOLLOW LANR
City-St-Zip: SOUTHSIDE, AL 35907

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: WILLIAM AMMERMAN

MGRM

04/11/2006

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