

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088093

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: HWS, LLC

**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 125  
SILVER SPRINGS, FL 34489

**New Mailing Address:**

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: 5760 NE 61ST AVE. ROAD  
City-St-Zip: SILVER SPRINGS, FL 34488

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

Title: MGR ( ) Change (X) Addition  
Name: PATRICK, SULLIVAN  
Address: 6105 MASTERS BLVD.  
City-St-Zip: ORLANDO, FL 32819 43

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

04/12/2007

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