

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90036 032 ****50.00

DOCUMENT # L04000088129

1. Entity Name

CWMC, LLC



Principal Place of Business

C/O J. PAUL RAYMOND
625 COURT STREET SUITE 200
CLEARWATER FL 33756

Mailing Address

C/O J. PAUL RAYMOND
625 COURT STREET SUITE 200
CLEARWATER FL 33756

2. Principal Place of Business

3248 MASTERS DRIVE

3. Mailing Address

3248 MASTERS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

22-390743

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

JOEL TRAUB

Street Address (P.O. Box Number is Not Acceptable)

3248 MASTERS DRIVE

City

CLEARWATER

FL

Zip Code

33761

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

JOEL TRAUB

2/16/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME KLEIN, MARK S
STREET ADDRESS 1744 N BELCHER ROAD, STE 200
CITY-ST-ZIP CLEARWATER FL 33765

TITLE VP ☐ Delete
NAME KLEIN, STEVEN G
STREET ADDRESS 1744 N BELCHER ROAD, STE 200
CITY-ST-ZIP CLEARWATER FL 33765

TITLE VP ☒ Delete
NAME TRANGY, JOEL
STREET ADDRESS 1744 N BELCHER ROAD
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE VP ☐ Change ☒ Addition
NAME TRAUB, JOEL
STREET ADDRESS 3248 MASTERS DRIVE
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

JOEL TRAUB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/16/06

Date

727-580-1644

Daytime Phone #