

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088718

**FILED**  
**Jan 20, 2006**  
**Secretary of State**

**Entity Name:** LW'S HOME WORKSHOP LLC

**Current Principal Place of Business:**

9602 NW 48TH STREET  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

9602 NW 48TH STREET  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 32-0134918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER STREET  
SUITE 675  
MIAMI, FL 33130 US

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

LARRY W. SIMPSON  
9602 NW 48TH STREET  
SUNRISE, FL 33351 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: LARRY W. SIMPSON

01/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMPSON, LARRY W  
Address: 9602 NW 48TH STREET  
City-St-Zip: SUNRISE, FL 33351 US

**ADDITIONS/CHANGES:**

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: LARRY W. SIMPSON

MGRM

01/20/2006

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