

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 023 \*\*\*\*50.00

**DOCUMENT # L05000002167**

1. Entity Name  
R.W.S.G., L.L.C.



Principal Place of Business  
1825 S.E. 21ST AVENUE  
~~POMPANO BEACH, FL 33062~~  
POMPANO

Mailing Address  
1825 S.E. 21ST AVENUE  
~~POMPANO BEACH, FL 33062~~  
POMPANO

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

86-1127211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GRAF, DAVID F  
1825 S.E. 21ST AVENUE  
~~POMPANO BEACH, FL 33062~~  
POMPANO

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GRAF, DAVID F  
STREET ADDRESS 1825 S.E. 21ST AVENUE  
CITY-ST-ZIP ~~POMPANO BEACH, FL 33062~~

TITLE ~~POMPANO~~ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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 Chapter 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:**

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

4/12/06

954-537-3817

Date Daytime Phone #

ATTACHMENT

20033154  
# LOS0000021167  
Brenner Kaprosy Mitchell, L.L.P.

a Limited Liability Partnership  
Attorneys and Counselors at Law

R. Chad Brenner  
David V. Kaprosy  
T. David Mitchell\*  
Michael D. McPhillips\*

50 East Washington Street  
Chagrin Falls, Ohio 44022-3032

Of Counsel:  
David M. Maistros

(440) 247-5555  
Fax: (440) 247-5551

Michael K. Webster

\* Also admitted to practice in Florida

April 17, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

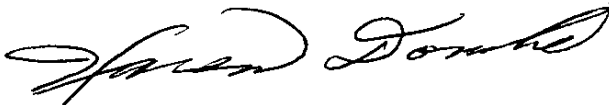
**Re: R.W.S.G., L.L.C.**

Dear Sir/Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-captioned company, along with a check in the amount of \$50.00 representing the filing fee. Please file this document as soon as possible and forward the recorded paperwork to the undersigned.

Thank you for your time.

Very truly yours,



Karen Domke  
Legal Assistant

Enclosures

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Florida Office:

5561 University Drive, #103 • Coral Springs, Florida 33067 • (954) 509-9900 • (954) 462-0140 (Fax)