2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009173

1. Entity Name
F & W, LLC

Principal Place of Business	Mailing Address
7022 LAKE EAGLEBROOK DRIVE	7022 LAKE EAGLEBROOK DRIVE
LAKELAND, FL 33813	LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

04132007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2305781	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VINING, C. GEOFFREY
129 SOUTH KENTUCKY AVENUE, SUITE 702
LAKELAND, FL 33801

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOSS, MICHAEL
STREET ADDRESS	5611 EMERALD RIDGE BLVD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	LEONARD, WALT
STREET ADDRESS	7022 LAKE EAGLEBROOK DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80003-007 50.00

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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: _____   4-13-07   863-255-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #