

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90270 021 ****55.00

DOCUMENT # L05000023203					
1. Entity Name CWL HOLDINGS, LLC					
Principal Place of Business 1452 WESTBROOK DRIVE SARASOTA, FL 34231			Mailing Address 1452 WESTBROOK DRIVE SARASOTA, FL 34231		
2. Principal Place of Business 464 Golden Gate Pt # 601		3. Mailing Address SAME			
Suite, Apt. #, etc. # 601		Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State			
Zip 34236		Country USA		Zip 34236	
Country USA		Country			
4. FEI Number 20-2536678					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236					
7. Name and Address of New Registered Agent Name: Robert D. Lonsdale Sr. Street Address (P.O. Box Number is Not Acceptable): 464 Golden Gate Point # 601 City: SARASOTA FL Zip Code: 34236					
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: DATE: 3/20/06 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: CHARLES LONSDALE, MGRM 3/15/6 310-279-2788 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					