


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90030 032 \*\*\*\*55.00

<b>DOCUMENT # L05000023203</b>					
1. Entity Name CWL HOLDINGS, LLC					
Principal Place of Business 464 GOLDEN GATE PT 601 SARASOTA, FL 34236			Mailing Address 464 GOLDEN GATE PT 601 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2536678	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  WAGNER, E. JOHN II 464 GOLDEN GATE PT 601 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Robert D. Lonsdale Street Address (P.O. Box Number is Not Acceptable) 464 Golden Gate Pt #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 Robert D. Lonsdale (NOTE: Registered Agent signature required when reinstating) DATE 4/10/2007					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONSDALE, CHARLES W III POB Y TAOS, NM 87571	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 recipient of the information and am authorized to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: Charles W. Lonsdale III			Date 4/15/7		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 310-279-2788		

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