2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L05000032392

Entity Name: 3W REALTY, LLC

Current Principal Place of Business:

3894 HIDDEN ACRES CIRCLE
NORHT FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

3894 HIDDEN ACRES CIRCLE
NORHT FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 20-2618750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIRKA, JOHN M
3984 HIDDEN ACRES CIRCLE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WIRKA, JOHN M
Address: 3894 HIDDEN ACRES CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGRM ( ) Delete
Name: WIRKA, JAMES J
Address: 293 EUREKA DRIVE
City-St-Zip: ATLANTA, GA 30305

Title: MGRM ( ) Delete
Name: WIRKA, WILLIAM J JR.
Address: 460 LENOX STREET
City-St-Zip: OAK PARK, IL 60302

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WIRKA, WILLIAM J JR.
Address: 5057 TRAILRIDGE WAY
City-St-Zip: ATLANTA, GA 30338

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: WILLIAM J. WIRKA, JR. MGM 03/06/2007

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