2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L05000046675 Apr 24, 2006 08:00 AN Secretary of State 1. Entity Name R&W ENTERPRISES, LLC Mailing Address Principal Place of Business 205 LAKE HAMILTON BLVD. WINTER HAVEN FL 33881 205 LAKE HAMILTON BLVD. WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINFREE, ROBERT W Street Address (P.O. Box Number is Not Acceptable) **506 LAKE MIRIAM TERRACE** WINTER HAVEN FL 33884 City Zip Code FI 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 fille it applicable (NOTE Regislated Agent signal life required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** Delete TITLE ☐ Change Addition RICHARDS, DOUGLAS S NAME STREET ADDRESS 205 LAKE HAMILTON BLVD. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881 City-St-7iP TITLE Delete TITLE ☐ Change Addition MGRM MAME MAME WINFREE, ROBERT W STREET ADDRESS STREET ADDRESS 506 LAKE MIRIAM TERRACE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Adding TITLE ☐ Delete HTLE ☐ Change 1100000531348 MAME NAME 05/06/06-80036-025 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change DHE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change TT Additio NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Add C THILE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 hability company or the paciety or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE: