
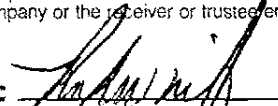


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000046675</b> 1. Entity Name <b>R&amp;W ENTERPRISES, LLC</b>					
Principal Place of Business <b>205 LAKE HAMILTON BLVD. WINTER HAVEN FL 33881</b>			Mailing Address <b>205 LAKE HAMILTON BLVD. WINTER HAVEN FL 33881</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>WINFREE, ROBERT W 506 LAKE MIRIAM TERRACE WINTER HAVEN FL 33884</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>MGRM RICHARDS, DOUGLAS S 205 LAKE HAMILTON BLVD. WINTER HAVEN FL 33881</b>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		
<b>MGRM WINFREE, ROBERT W 506 LAKE MIRIAM TERRACE WINTER HAVEN FL 33884</b>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		
<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		
<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		
<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		
<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		
<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div>		

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Robert W. Winfree**

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

**4651**

**843**