


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000048305</b> 1. Entity Name RW, L.L.C.	
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Principal Place of Business 10555 SW TERRAPIN PLACE UNIT 105 TEQUESTA, FL 33469	Mailing Address 10555 SW TERRAPIN PLACE UNIT 105 TEQUESTA, FL 33469
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01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2877992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WARREN, ALFRED B  
1150 SW CHAPMAN WAY, #308  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000834412  
02/28/08-80052-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, ALFRED B 1150 SW CHAPMAN WAY, #308 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, LOUISE A 1150 SW CHAPMAN WAY, #308 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, LEMUEL 10555 SE TERRAPIN PL., #105 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, MARGARET A 10555 SE TERRAPIN PL., #105 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Margaret A Ramos*