


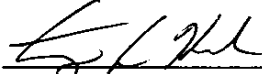
# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90153 004 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L05000050380</b><br>1. Entity Name<br>CWV3, LLC  |  |  |   |    |  |
| Principal Place of Business<br>1715 W. DEAN RD<br>SUITE B<br>TEMPERANCE, MI 48182  |  |  | Mailing Address<br>1715 W. DEAN RD<br>SUITE B<br>TEMPERANCE, MI 48182 |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br>01192006 Chg-LLC CR2E083 (11/05)   |  |
| 6. Name and Address of Current Registered Agent<br><br>ZIEGLER, JEFFREY M<br>150 LENNEL UNIT 501<br>SOUTH FT. MYERS BEACH, FL 33931  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>KEELER, ANTHONY A<br>1715 W. DEAN RD<br>TEMPERANCE, MI 48182 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

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:** 

1/23/06  
 Date

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

Daytime Phone #