2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# L05000050938

Entity Name: CW PROPERTIES LC

Current Principal Place of Business:

248 MAGNOLIA RIDGE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

248 MAGNOLIA RIDGE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLMAN, BRETT
248 MAGNOLIA RIDGE
CRAWFORDVILLE, FL 32327 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:	WELLMAN, BRETT	
Address:	248 MAGNOLIA RIDGE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	WELLMAN, ALICIA	
Address:	248 MAGNOLIA RIDGE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	COUNCIL, LISA	
Address:	160 NEW LIGHT CHURCH RD.	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	WALTER RALEIGH COUNC, IL	
Address:	160 NEW LIGHT CHURCH RD.	
City-St-Zip:	CRAWFORDVILLE, FL 32327	

ADDITIONS/CHANGES:

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

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: BRETT WELLMAN MGRM 04/22/2006

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