

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050938

Entity Name: CW PROPERTIES LC

FILED
Sep 04, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WELLMAN, BRETT
248 MAGNOLIA RIDGE
CRAWFORDVILLE, FL 32327 US

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 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

09/04/2007

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