


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000076377 1. Entity Name <b>C &amp; W VENTURES, LLC</b>	
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Principal Place of Business <b>519 NORTHWEST CRAWFORD COURTS          WHITE SPRINGS, FL 32096 US</b>	Mailing Address <b>519 NORTHWEST CRAWFORD COURTS          WHITE SPRINGS, FL 32096 US</b>
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**DO NOT WRITE IN THIS SPACE**



03092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1255789</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYNES, DANA  
 519 NW CRAWFORD CT  
 WHITE SPRINGS, FL 32096**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYNES, DANA S 519 NORTHWEST CRAWFORD COURT WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYNES, CURTIS J 519 NORTHWEST CRAWFORD COURT WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, WALTER J 14952 US 90 WEST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, NORMA A 14952 US 90 WEST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000871079  
 04/09/08-80117-001 138.75

**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:** Dana Haynes Dana Haynes 3/24/08 386-758-1935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #