## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 06, 2006 8:00 am **Secretary of State DOCUMENT #L05000101490** 02-06-2006 90170 048 \*\*\*\*55.00 B AND W ENTERPRISES, LLC Principal Place of Business Mailing Address 1614 HIGHWAY 17, SOUTH P.O. BOX 130 SATSUMA, FL 32189 POMONA PARK, FL 32181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3621574 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1614 HIGHWAY 17, SOUTH POMONA PARK, FL 32181 City Zip Code 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 Sgnature, typed or printed nameful registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE Change Addition TITLE ☐ Delete MGR POTTER, ROBERT J MALK Willie F. Potter NAME 1614 HIGHWAY 17, SOUTH STREET ADDRESS STREET ADDRESS 104 Palm Ln POMONA PARK, FL 32181 CITY-ST-ZIP CITY-ST-ZF Crescent City, FL 32112 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 702 ☐ Defete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITI F TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

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.

FILED

386-649.9945