## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113447

Address:

City-St-Zip:

Entity Name: HWP ENTERPRISES, LLC

**FILED** Mar 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7921 VERMONTVILLE HIGHWAY 1919 6TH STREET NORTH WEST DIAMONDALE, MI 48821 WINTER HAVEN, FL 33881 **Current Mailing Address: New Mailing Address:** 918 ORCHID STREET 2406 WEST CENTRAL AVENUE LADY LAKE, FL 32159 WINTER HAVEN, FL 33880 FEI Number: 20-3847560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKATES, JEFFREY P 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162 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: ADDITIONS/CHANGES: () Delete Title: ( ) Change (X) Addition HULLIBERGER, BRAD Name: Name: Address: Address: 7921 VERMONTVILLE HIGHWAY City-St-Zip: City-St-Zip: DIAMONDALE, MI 48821 Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: WOODMAN, TODD Address: Address: 8229 WEST ST. JOSEPH HIGHWAY City-St-Zip: City-St-Zip: SUNFIELD, MI 48890 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: PETERS, DAVID Name: 124 EAST WRIGHT AVENUE

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.

Address:

City-St-Zip:

SHEPHERD, MI 348883

SIGNATURE: BRAD HULLIBERGER **MGRM** 03/28/2006