

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 18, 2006  
Secretary of State**

DOCUMENT# L05000115670

Entity Name: CWD, LLC

**Current Principal Place of Business:**

2757 AUTUMN LEAVES DRIVE  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

2757 AUTUMN LEAVES DRIVE  
PORT ORANGE, FL 32128 US

**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:**

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER STREET  
SUITE 675  
MIAMI, FL 33130 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: MGR ( ) Delete  
Name: DUBOIS, WAYNE T  
Address: 2757 AUTUMN LEAVES DRIVE  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGR ( ) Delete  
Name: DUBOIS, CONNIE L  
Address: 2757 AUTUMN LEAVES DRIVE  
City-St-Zip: PORT ORANGE, FL 32128 US

**ADDITIONS/CHANGES:**

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: WAYNE T. DUBOIS MGR 04/18/2006

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