

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90034 044 \*\*\*\*50.00

<b>DOCUMENT # L05000115810</b> 1. Entity Name <b>MDW HOLDINGS AT VERA CRUZ, LLC</b>					
Principal Place of Business <b>127 S. GARFIELD AVE. JANESVILLE, WI 53545</b>			Mailing Address <b>127 S. GARFIELD AVE. JANESVILLE, WI 53545</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COHEN, TERRI B ESQ PORTER, WRIGHT, MORRIS &amp; ARTHUR LLP 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>M.G.R.M. DENNIS DAWIEDCZYK 127 S. GARFIELD AVE. JANESVILLE, WI. 53545</b>		
			<b>M.G.R.M. MICHAEL WILLIAMS 8979 LELY ISLAND CIRCLE NAPLES, FL. 34112</b>		
			<b>M.G.R.M. GARY MEANS DMD 1701 GULFSTREAM DR. #102 NAPLES, FL. 34112</b>		
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.					
<b>SIGNATURE:</b>			4/30/06    608-754-8569		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		