

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000115810**

1. Entity Name  
**MDW HOLDINGS AT VERA CRUZ, LLC**



Principal Place of Business  
**127 S. GARFIELD AVE.  
JANESVILLE, WI 53545**

Mailing Address  
**127 S. GARFIELD AVE.  
JANESVILLE, WI 53545**



04302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COHEN, TERRI B ESQ  
PORTER, WRIGHT, MORRIS & ARTHUR LLP  
5801 PELICAN BAY BLVD. SUITE 300  
NAPLES, FL 34108**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000757934  
05/23/07-80090-014 50.00

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAWZDCZYK, DENNIS 127 S GARFIELD AVE JANESVILLE, WI 53545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MICHAEL 8979 LEVY ISLAND CIR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEANS, GARY DMD 1701 GULFSTREAM DR #102 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #