

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034835

Entity Name: L & W 8170, LLC

FILED  
Mar 31, 2008  
Secretary of State

**Current Principal Place of Business:**

8141 MAINLINE PARKWAY  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

8141 MAINLINE PARKWAY  
FT. MYERS, FL 33912

**New Mailing Address:**

FEI Number: 20-4779597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DURANT, MICHAEL A  
2210 VANDERBILT BEACH ROAD, SUITE 1201  
NAPLES, FL 34109 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: MGRM ( ) Delete  
Name: LAWLER, PAUL F  
Address: 165 EGRET AVENUE  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: WOLFE, CURTIS L JR.  
Address: 5401 PARK ROAD  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: WOLFE, CURTIS L SR.  
Address: 27264 GASPARILLA COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: PAUL F. LAWLER

MGRM

03/31/2008

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