

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90069 043 ***138.75

DOCUMENT # L06000038506	
1. Entity Name PFW PROPERTIES, LLC	

Principal Place of Business P.O. BOX 510626 PUNTA GORDA, FL 33951	Mailing Address C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950
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2. Principal Place of Business - No P.O. Box # 4054 BEAVER LANE	3. Mailing Address P O Box 510626
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Suite, Apt. #, etc. Suite 7	Suite, Apt. #, etc.
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City & State PORT CHARLOTTE, FL	City & State PUNTA GORDA, FL
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Zip 33952	Country	Zip 33951	Country
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01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4775565	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLMES, DAVID A FARR, FARR, EMERICH, HACKETT AND CARR, P.A 99 NESBIT STREET PUNTA GORDA, FL 33950	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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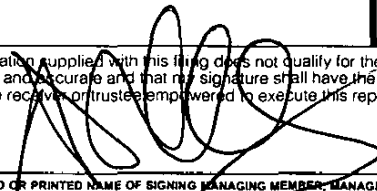
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORENOKY, JAMES P.O. BOX 510626 PUNTA GORDA, FL 33951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORENSKY, JAMES ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLIZZI, ANTHONY P.O. BOX 510626 PUNTA GORDA, FL 33951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYNN, VANDER P.O. BOX 510626 PUNTA GORDA, FL 33951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 no 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: 	ANTHONY POLLIZZI 2-18-08 941-625-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #