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	Mailing Address
P.O. BOX 510626 PUNTA GORDA, FL 33951	C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4059 BEAVER LANE	P O BOX 510626
Suite, Apt. #, etc.: Suite 7	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL	City & State: PUNTA GORDA, FL
Zip: 339-52- Country:	Zip: 33-9-51- Country:

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4775565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLMES, DAVID A FARR, FARR, EMERICH, HACKETT AND CARR, P.A 99 NESBIT STREET PUNTA GORDA, FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

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 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: _____ 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 #