

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2 **FILED**
Mar 30, 2007 8:00 am
Secretary of State

02-22-2007 90277 010 ****50.00

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # L06000043806 | | | | | |
| 1. Entity Name BW HOLDINGS, LLC | | | | | |
| Principal Place of Business 118 S.W. 59TH STREET CAPE CORAL, FL 33914 | | | Mailing Address 118 S.W. 59TH STREET CAPE CORAL, FL 33914 | | |
| 2. Principal Place of Business - No P.O. Box # 440 SW 2 ST | | 3. Mailing Address 440 SW 2 ST | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02202007 Chg-LLC CR2E083 (12/06) | |
| City & State Cape Coral, FL | | City & State Cape Coral, FL | | 4. FEI Number 204768822 | |
| Zip 33991 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WELCH, BRYAN 118 S.W. 59TH STREET CAPE CORAL, FL 33914 | | | | 7. Name and Address of New Registered Agent 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 <u>Bryan Welch</u> <u>Bryan Welch</u> <u>2-20-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small> | | | | Filing Fee is \$50.00 Due by May 1, 2007 | |
| 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 | Bryan Welch President <input type="checkbox"/> Change <input type="checkbox"/> Addition 440 SW 2 ST Cape Coral, FL 33991 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Bryan Welch</u> <u>Bryan Welch</u> <u>2/20/07</u> <u>239-772-0001</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |