

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046245

**FILED**  
**Apr 22, 2007**  
**Secretary of State**

**Entity Name:** CWS-OVIEDO DEVELOPMENT, LLC

**Current Principal Place of Business:**

16203 SENTRY WOODS COURT  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

16203 SENTRY WOODS COURT  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 20-4827424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAHLSTEN, CARL W  
16203 SENTRY WOODS COURT  
ODESSA, FL 33556 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SAHLSTEN, CARL W  
Address: 16203 SENTRY WOODS COURT  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL W SAHLSTEN

MGRM

04/22/2007

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