


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90007 007 \*\*\*\*50.00

**DOCUMENT # L06000050075**

1. Entity Name  
**CWM PROPERTIES, LLC**



Principal Place of Business  
**4117 INDIAN BAYOU NORTH  
 DESTIN, FL 32541 US**

Mailing Address  
**4117 INDIAN BAYOU NORTH  
 DESTIN, FL 32541 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCFATTER, CHARLES W MD  
 4117 INDIAN BAYOU NORTH  
 DESTIN, FL 32541**

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFATTER, CHARLES W MD 4117 INDIAN BAYOU NORTH DESTIN, FL 32541 <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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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

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:** Charles W. McFatter, MD (Charles W. McFatter) 1-10-2007 (P50) P31-3194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #