## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000052441

Entity Name: DWIN HOLDING GROUP, LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

28989 MAHAN DRIVE 2898 MAHAN DRIVE

SUITE 4 SUITE 4

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

28989 MAHAN DRIVE 2898 MAHAN DRIVE

SUITE 4 SUITE 4

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

FEI Number: 20-4927152 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WINOKUR, THOMAS D
28989 MAHAN DRIVE
SUITE 4

WINOKUR, THOMAS D
2898 MAHAN DRIVE
SUITE 4

SUITE 4

SUITE 4 SUITE 4
TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

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: 04/26/2007

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PARSONS WINOKUR, KRISTIN
 Name:

 Address:
 6552 SPICEWOOD LANE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WINOKUR, THOMAS D
 Name:

 Address:
 6552 SPICEWOOD LANE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PARSONS, C. DARREN
 Name:

 Address:
 110 HOFFMAN DR.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KRISTIN PARSONS WINOKUR MS. 04/26/2007