

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068926

Entity Name: LONWAR, LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

8295 N. MILITARY TRAIL
SUITE C
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 31041
PALM BEACH GARDENS, FL 334201041 US

New Mailing Address:

FEI Number: 20-5186155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ALAN R ESQ
8295 N. MILITARY TRAIL
SUITE C
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: MOSLER, WARREN B
Address: 5000 ESTATE SOUTHGATE
City-St-Zip: CHRISTIANSTED, ST. CROIX, VI 00820 US

Title: MGR () Delete
Name: CASTELLI, LONNIE
Address: 624 E. COLUMBIA AVE.
City-St-Zip: DAVENPORT, IA 52803 US

Title: MGR () Delete
Name: SIMON, ALAN R
Address: 8295 N. MILITARY TRAIL SUITE C
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALAN R SIMON

MGR

01/09/2008

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