2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L06000068926

Entity Name: LONWAR, LLC

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 01/08/2009

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