

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90097 006 ****50.00

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01152007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000096993 1. Entity Name AW APARTMENTS, L.L.C.			
Principal Place of Business 13700 PERDIDO KEY DRIVE PENSACOLA, FL 32507		Mailing Address 13700 PERDIDO KEY DRIVE PENSACOLA, FL 32507	
2. Principal Place of Business - No P.O. Box # 9840 North Loop Rd.		3. Mailing Address 16296 Perdido Key Drive	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32507		Zip 32507	
Country Escambia		Country Escambia	
4. FEI Number 63-1084069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILCHRIST, JOSEPH 13700 PERDIDO KEY DRIVE PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name Joseph Gilchrist Street Address (P.O. Box Number is Not Acceptable) 16296 Perdido Key Drive City Pensacola FL Zip Code 32507	
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 Joseph Gilchrist 11/5/07 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	MGRM GILCHRIST, JOSEPH 13700 PERDIDO KEY DRIVE PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Joseph Gilchrist 16296 Perdido Key Drive Pensacola, FL 32507 <input checked="" 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
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:		11/5/07 850-492-7601 <small>Date Daytime Phone #</small>	