

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111469

Entity Name: DWHRT, LLC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-8608054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B
C/O CLIFFORD B. NEWTON, P.A.
10192 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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: HUTSON, DAVID W
Address: 3030 HARTLEY ROAD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: HUTSON, NANCY
Address: 3030 HARTLEY ROAD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: COX, ELINORE C
Address: 3030 HARTLEY ROAD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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: ELINORE C. COX

MGRM

02/25/2009

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