

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000113053

FILED
Mar 24, 2008
Secretary of State**Entity Name:** DWF MANAGEMENT, LLC**Current Principal Place of Business:**2205 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 848505
PEMBROKE PINES, FL 33084 US**New Mailing Address:****FEI Number:** 20-5945104**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FELDBAUM, DAVID
2205 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US**Name and Address of New Registered Agent:**MORRIS, STUART R ESQ.
7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 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: STUART R. MORRIS, ESQ.

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** D () Delete
Name: FELDBAUM, DAVID M
Address: 2205 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** SEC (X) Delete
Name: FELDBAUM, WENDY
Address: 4705 HENRY HUDSON PKWY #3J
City-St-Zip: BRONX, NY 10471**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: FELDBAUM, DAVID M
Address: 2205 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024**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: DAVID M. FELDBAUM

MRG

03/24/2008

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