2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000017075

Entity Name: ACW ENTERPRISES, LLC

Current Principal Place of Business:

2086 POST ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

462 NAUTILUS DRIVE
SATELLITE BEACH, FL 32937 US

Current Mailing Address:

2086 POST ROAD
MELBOURNE, FL 32935

New Mailing Address:

462 NAUTILUS DRIVE
SATELLITE BEACH, FL 32937 US

FEI Number: 20-8448610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTEEL, DAVINA M
2086 POST ROAD
MELBOURNE, FL, FL 32935 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: MGRM ( ) Delete
Name: WICKER, ROBERT
Address: 462 NAUTILUS DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM (X) Delete
Name: ANDERSON, SHAWN
Address: 2086 POST ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM (X) Delete
Name: CASTEEL, DAVINA
Address: 2086 POST ROAD
City-St-Zip: MELBOURNE, FL 32935

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: ROBERT WICKER MGRM 04/30/2008

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