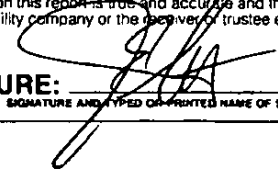


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90028 042 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000031519</b><br>1. Entity Name<br><b>DWDS AT LAKEWOOD RANCH, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                               |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>201 N. FRANKLIN STREET, SUITE 2200<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                               | Mailing Address<br><b>201 N. FRANKLIN STREET, SUITE 2200<br/>TAMPA, FL 33602</b>                                                     |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                      |                                                                                   |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             | City & State<br><br>Zip      Country          |                                                                                                                                      |                                                                                   |  |
| 4. FEI Number      Chg-LLC      CR2E083 (12/06)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NOLAN, MICHAEL J<br/>201 N. FRANKLIN STREET, SUITE 2200<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-appointing)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                               | <b>Make check payable to<br/>Florida Department of State</b>                                                                         |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                               | <b>10. ADDITIONS/CHANGES</b>                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>NOLAN, MICHAEL J<br/>201 N. FRANKLIN STREET, SUITE 2200<br/>TAMPA, FL 33602</b> | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Delete               |                                                                                                                                      |                                                                                   |  |
| 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. |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |
| <b>SIGNATURE:</b>  <b>John E. Carter</b> <b>4/30/08</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                               |                                                                                                                                      |                                                                                   |  |

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