

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

47. **FILED**
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90054 035 ***138.75

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04232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000035014			
1. Entity Name EZCW LLC		Principal Place of Business 14625 7TH ST DADE CITY, FL 33523 US	
2. Principal Place of Business - No P.O. Box #		Mailing Address P.O. BOX 258 TRILBY, FL 33593 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEXTER, JAMES M 16731 U.S. HWY 301 DADE CITY, FL 33523		Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
16731 U.S. HWY 301 #11			
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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEXTER, JAMES M 16731 U.S. HWY 301 DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	16731 U.S. HWY 301 #11		
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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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:		Date: 4-22-08 (352) 437-0120	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	