

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056125

Entity Name: CWA MANAGEMENT LLC

FILED  
Jan 29, 2008  
Secretary of State

## Current Principal Place of Business:

5010 WINWOOD WAY  
ORLANDO, FL 32819

## New Principal Place of Business:

5036 DR. PHILLIPS BLVD.  
SUITE 294  
ORLANDO, FL 32819

## Current Mailing Address:

5010 WINWOOD WAY  
ORLANDO, FL 32819

## New Mailing Address:

5036 DR. PHILLIPS BLVD.  
SUITE 294  
ORLANDO, FL 32819

FEI Number: 26-0316719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAGE, FRANK L  
5010 WINWOOD WAY  
ORLANDO, FL FL 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: PAGE, FRANK L  
Address: 5010 WINWOOD WAY  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: COLSON, DAVID M  
Address: 4129 BAIR AVE  
City-St-Zip: FRUITLAND PARK, FL 34731

## ADDITIONS/CHANGES:

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: DAVID M. COLSON

MGR

01/29/2008

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