
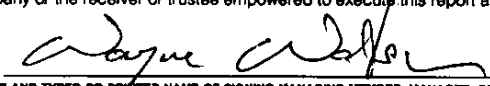


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90029 014 ***143.75

DOCUMENT # L07000059626					
1. Entity Name R&W INVESTMENT LLC					
Principal Place of Business 1801 N. FLAGLER DRIVE, SUITE 310 WEST PALM BEACH, FL 33407			Mailing Address 1801 N. FLAGLER DRIVE, SUITE 310 WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box # 1801 N. FLAGLER DRIVE STE 401		3. Mailing Address 1801 N FLAGLER DR STE - 401			
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. SUITE 401			
City & State WEST PALM BCH FL		City & State WEST PALM BCH FL			
Zip 33407		Country PALM BEACH		Zip 33407	
Country PALM BEACH		4. FEI Number 26-0350292			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WATSON, WAYNE 401 1801 N. FLAGLER DRIVE, SUITE 401 WEST PALM BEACH, FL-33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, WAYNE 1801 N. FLAGLER DRIVE, SUITE 310 WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAYNE WATSON 1801 N FLAGLER DR SUITE 401 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLWOOD, RODERICK 2002 N. VILLAGE AVENUE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: 			8/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		