

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000106

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: THE D W T COMPANY, L.C.

**Current Principal Place of Business:**

5533 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

5533 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**New Mailing Address:**

FEI Number: 59-3307946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TADDEI, RUBENS P  
1609 WIND HARBOR RD  
ORLANDO, FL 32809 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/MEMBERS:**

Title: P ( ) Delete  
Name: TADDEI, RUBENS P  
Address: 5533 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32839

Title: V ( ) Delete  
Name: TADDEI, MARCELO L  
Address: 5533 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32839

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TADDEI, RUBENS P  
Address: 5533 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM (X) Change ( ) Addition  
Name: TADDEI, MARCELO L  
Address: 5533 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCELO TADDEI

MGRM

04/09/2004

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