

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000718

FILED
Jul 21, 2005
Secretary of State

Entity Name: MWS&S, L.C.

Current Principal Place of Business:

225 NATURE'S TRAIL
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

225 NATURE'S TRAIL
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3388796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHOFF, CHARLES J
225 NATURE'S TRAIL
FT. WALTON BEACH, FL 32548 US

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: MGRM () Delete
Name: SHOFF, CHARLES J
Address: 225 NATURE'S TRAIL
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGR () Delete
Name: WILSON, RICHARD B JR
Address: 37149 WILD ROSE LANE
City-St-Zip: MURRIETA, CA 92562

Title: MGR () Delete
Name: SING, MICHAEL L
Address: 6527 EL NIDE DR
City-St-Zip: MCLEAN, VA 22101

Title: MGRM () Delete
Name: MANION, LISA M
Address: 2025 SHORTLINE DR
City-St-Zip: MONTGOMERY, AL 36116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CHARLES J. SHOFF

MGRM

07/21/2005

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