


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # L99000005539 1. Entity Name LWL OF TAMPA, LLC	
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Principal Place of Business 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618	Mailing Address 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3597960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL J
12964 N DALE HWY
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000287860
04/04/05 00004 023 58.88

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MICHAEL J 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINSEY, DENNIS 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINSEY, GEORGE 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2/16/05 813-960-8896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #