

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90133 043 ****50.00

DOCUMENT # L99000006306					
1. Entity Name E.W. INVESTMENT GROUP, LLC					
Principal Place of Business 15621 EASTBOURN DRIVE ODESSA, FL 33556			Mailing Address 15621 EASTBOURN DRIVE ODESSA, FL 33556		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3658762	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205			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 reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, S. FRANKLIN 710 HOLLYBRIER LANE NAPLES, FL 341088264	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLIS, W. FRANKLIN 710 HOLLYBRIER LANE NAPLES, FL 34108-8264	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, DAVID C 15621 EASTBOURN DR ODESSA, FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, T.P.A. 15621 EASTBOURN DR. ODESSA, FL 33556	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: <i>David C Walsh</i>			MEMBER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 3-23-05 (813) 970-8572		