

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002300

Entity Name: G & W DISTRIBUTORS, LLC

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

45 BARTLETT STREET
MARLBOROUGH, MA 01752

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PARKWAY, #160
BOCA RATON, FL 33487

New Mailing Address:

2385 EXECUTIVE CENTER DR
SUITE 100
BOCA RATON, FL 33431

FEI Number: 65-1102052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITHS, STACEY L ESQ
951 BROKEN SOUND PARKWAY, #160
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

MOORE, GAIL L
7336 WOODMONT CT
BOCA RATON, FL 33434 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: GAIL MOORE

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GRILLO SR, VICTOR
Address: 951 BROKEN SOUND PARKWAY, SUITE 160
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: WYSOCKI, RAY
Address: 45 BARTLETT STREET
City-St-Zip: MARLBOROUGH, MA 01752

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRILLO SR, VICTOR
Address: 2385 EXECUTIVE CENTER DR SUITE 100
City-St-Zip: BOCA RATON, FL 33431

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: VICTOR N. GRILLO

MGRM

04/29/2004

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