
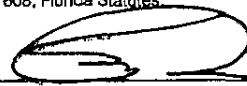


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000003438</b>		
1. Entity Name M & W PROPERTIES, LTD. CO.		
Principal Place of Business 3540 LAROCHELLE DR. COLUMBUS, OH 43221	Mailing Address 3540 LAROCHELLE DR. COLUMBUS, OH 43221	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SMITH, GERALDINE A 15219 GULF BLVD. MADEIRA BEACH, FL 33708		<b>DO NOT WRITE IN THIS SPACE</b>
5. 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 <u>X</u> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESSMORE, JOHN W 16750 GULF BLVD. #216 REDINGTON BEACH, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLEN, EXODUS L 1712 SUFFOLK DR. CLEARWATER, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> <u>X Exodus L. Wallen</u> 1-13-05 		<b>727-393-1961</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
31-1718906

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required