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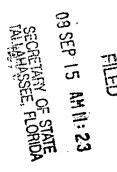
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M. THOMAS

SEP 1 6 2008

EXAMINER

LAW OFFICES OF

Van Winkle & Sams, P.A.

2815 PROCTOR ROAD SARASOTA, FL 34231

-Lainie Van Winkle-of Counsel Laurie B. Sams Melissa A. Volk TEL. 941-923-1685 FAX. 941-923-0174 Lvanwinkle23@gmail.com lauriesams@comcast.net melissavolk@comcast.net

September 11, 2008

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

Re:

Application by Foreign Limited Liability Company to

File Amendment to Application for Authorization to Transact

Business in Florida

F & W Florida Properties, LLC



Dear Sirs:

Enclosed please find the completed application described above along with the necessary documentation from the State of Michigan pertaining to C & W Florida Properties, LLC for filng. I have included a copy for conforming. Once the amendment has been filed we kindly request the return of the conformed copy in the pre-addressed, stamped envelope provided herein.

Also included please find a check made payable to your order in the amount of \$25.00, the cost for filing the enclosed document.

Should you have any questions or comments, please do not hesitate to contact our office.

Sincerely yours,

Dina M. Volack Legal Assistant

bulantalach

/dmv Enclosures

COVER LETTER

TO: Registration Section

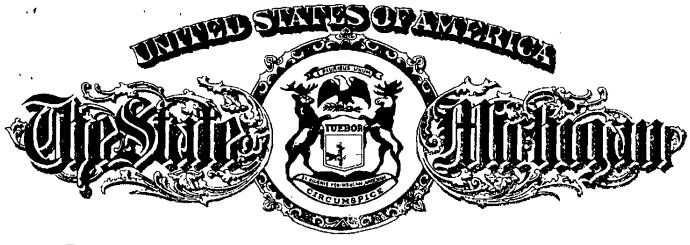
Division of Corporations	
SUBJECT: F & W Florida Properties,	LLC
	imited Liability Company)
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Laurie B. Sams, Esquire	
(Name of Person)	
Van Winkle & Sams, P.A.	三
(Firm/Company)	No.
2815 Proctor Road	SEE PLONE
(Address)	ST.
Sarasota, FL 34231	
(City/State and Zip Code)	1
For further information concerning this matter, p	please call:
Laurie B. Sams, Esquire	(941) 923-1685
(Name of Person) (A	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
	S55 Filing Fee & S60 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: F & W Florida Properties, LLC	
2.	Jurisdiction of its organization: Michigan	
3.	Date authorized to do business in Florida: August 23, 2004	
	SECTION II (4-7 complete only the applicable changes)	
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? March 11, 2008	
5.	New name of the limited liability company: C & W Florida Properties, L.L.C. (must end with "Limited Liability Company, ""L.L.C.," or "LTCD")	GB SEP
Flo the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."	15 min
6.	If the amendment changes the period of duration, indicate new period of duration:	点
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	;
:	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdicunder the law of which this entity is organized Signature of a member or the authorized representative of a member	ction
	Walter Michal, Member	
	Typed or printed name of signee	

Filing Fee: \$25.00







Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of September, 2008

, Director

Bureau of Commercial Services

Michigan Department of Labor & Economic Growth

Filing Endorsement

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORG.

for

C & W FLORIDA PROPERTIES, L.L.C.

ID NUMBER: B7559Q

received by facsimile transmission on March 10, 2008 is hereby endorsed Filed on March 11, 2008 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 11TH day of March, 2008.

Director

Bureau of Commercial Services

CS/CO-715 (Rev. 12/05)		<u> </u>			7
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City Troy	State MI	Zlp Code 48084	FEECT	IVE DATE:	1
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C	ERTIFICATE OF AME	NDMENT TO THE	ARTICLE	S OF ORGANI	ZATION
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		ad information and instru	•		
	the provisions of Act 23, Pu	blic Acts of 1993, the t	undersigned	limited liability con	npany executes the
following Certifica	te of Amendment:	_ 			
1. The present nar	ne of the limited liability com	pany is:			
F & W Florid	a Properties, L.L.C.				
2. The identificatio	n number assigned by the B	ureau is:		B7559Q	
3. The date of filing	g of its original Articles of Or	ganization was: May	5, 2004		
	<u> </u>				
4. Article I	of the Articles of Organiz	ration is horoby amond	od to road a	Fallerin	
The name of the	ne Limited Liability Company	y is C & W Florida Prop	perties, L.L.C		
					•
5. The amendm articles of org	ent was approved by a majo janization by majority vote.	rity in interest if an ope	rating agreer	nent authorizes am	endment of the
✓ The amendm	ent was approved by unanim	nous vote of all of the m	embers entit	led to vote.	
This Certificate is h	ereby signed as required by	Section 103 of the Ac	t.]		
	//	_	1		
	Signed this 25th da	y of February		2008	
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	By \	<i>ر</i> د			
		(Signsture of Member, Manager,	N Sulpostand		<u> </u>
	Walter E. Michal, Men	•	n enterieur sõur)		
	vvaller E. Michal, Men	(Type or Print Namo and o			_

Michigan Department of Labor & Economic Growth

Filing Endorsement

This is to Certify that the CERTIFICATE OF RESTORATION (DOMESTIC)

for

C & W FLORIDA PROPERTIES, L.L.C.

ID NUMBER: B7559Q

received by facsimile transmission on March 10, 2008 is hereby endorsed Filed on March 11, 2008 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 11TH day of March, 2008.

Director

Bureau of Commercial Services

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	BUREAU OF C	OMMERCIAL SERVICES		
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	CERTIFICA"	TE OF RESTORATION	OF GOOD STANDING	
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The name of the limit	• • • •		·	
The identification num	nber assigned by the Bu	YL69N (Z:	B7559Q	
	nly if the name in item Ization are hereby amer	1 is no longer available for nded as follows:	use.	
a. The name of the	resident agent is:	Walter Michal		
b. The address of the	ne registered office is:			
44700 N I-94 Service	_	Belleville		48112
(Street Aild	ress)	(City)	, Michigan	(ZIP, Code)
	ess of the registered of	fice IF DIFFERENT THAN 4B	is:	
 c. The mailing addr 	_	Belleville		48112
c. The malling addr P.O. Box 770			, Michigan	
P.O. Box 770	ress or P-D- Box)	(City)		(ZIF Code)
P.O. Box 770 Street Add	ompany states that the		by the annual statements and of paid.	

2008

(Type or Print Name and Capacity)

Walter Michal, Member

March

(Signature of Member, Manager, or Authorized Agent)

FAXCOM

PAGE 6 OF 8

BESIDER (MATT) MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LIMITED LIABILITY COMPANY ANNUAL STATEMENT

2008

Due February 15, 2008 File Online at www.michidan.gov Identification Number Limited Liability Company Name F & W FLORIDA PROPERTIES, L.L.C.	v/fileonline		
Resident agent name and mailing address of the registered office	If different than states of nightered of Walter Michal	ice in MICHIGAN.	gent and mailing
ronnesi scoli	P.O. Box 770	•	
P.O. BOX 770	Belleville, M	1 48112	
2. The address of the registered office 44700 N I-84 SERVICE DR BELLEVILLE MI 48111	If different than (number, street, city, st	ate, zip) in Michigan	,
3. Signature of authorized member/manager or agent. Walter Mishel	Tite Member	3/3/2008	Phone (Optional)

Filing Fee: \$25.00

Annual Statement Due February 15, 2008.

Annual Statement Must Be Signed

Domestic: Signature of a manager if management is vested in managers, by at least 1 member if management remains in the members or by an authorized agent of the domestic limited liability company.

Foreign: Signature of a person with authority to do so under the laws of the foreign limited liability company's jurisdiction of organization.

Make your check or money crow payable to the State of Michigan.

Return to: Department of Labor & Economic Growth Bureau of Commercial Services

Corporation Division

P.O. Box 30768 Lansing MI 48909 (517) 241-6470

FAXCOM

2007

PAGE 7 OF 9

BESACTO (NATION) MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
LIMITED LIABILITY COMPANY ANNUAL STATEMENT

If different than 1, change resident agent and making solures of registered sinice in MICHIGAN.

FORREST SCOTT P.O. BOX 770 BELLEVILLE MI 48112

2. The address of the registered office	
44700 N J. 84 SERVICE DI	ł
44700 N LST SERVICE DI BELLEVILLE MI 48111	

If different than 2, change address of registered office (number, street, city, state, zip) in MICHIGAN.

3.	Signature of auth	ofized member, manager or agent.
	7	/) ' " " "

Deta

Phone (Optional)

1

Tille

Member

3/3/2008

Filing Fee: \$25 00

Annual Statement Due February 15, 2007.

Annual Statement Must Be Signed

Domestic: Signature of a manager if management is vested in managers, by at least 1 member if management remains in the members or by an authorized agent of the domestic limited liability company.

Foreign: Signature of a person with authority to do so under the laws of the foreign limited liability company's jurisdiction of organization.

Make your check or money order payable to the State of Michigan.

Return to: Department of Labor & Economic Growth Sureau of Commercial Services Corporation Division P.O. Box 30768 Lansing MI 48909 (517) 241-6470

FAXCOM

2006

PAGE 8 OF 9

BCSCD-2700 (0407) MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LIMITED LIABILITY COMPANY ANNUAL STATEMENT ?



Dete

3/3/2008

Due February 15, 2006 File Online at www.michigan.gov/fileonline Identification Number United Liability Company Name F & W FLORIDA PROPERTIES, L.L.C. B7559Q 1. Resident agent name and mailing address of the registered office If different than 1, change resident agent and making address of registered office in MICHIGAN. FORREST SCOTT P.O. BOX 770 **BELLEVILLE MI 48112** 2. The address of the pegistered office If different than 2, change address of registered office (number, street, city, state, zip) in MICHIGAN. 44700 NA-84 SERVICE DR BELLEVILLE M. 48113 Phone (Optional)

Filing Fee: \$25.00

Annual Statement Due February 15, 2006.

Mikhal

3. Signature of authorized member, manager or agent.

Annual Statement Must Be Signed

Title

Member

Comestic: Signature of a manager if management is vested in managers, by at least 1 member if management remains in the members or by an authorized agent of the domestic limited liability company.

Foreign: Signature of a person with authority to do so under the laws of the foreign limited liability company's jurisdiction of organization.

Make your check or money order payable to the State of Michigan.

Return to: Department of Labor & Economic Growth Bureau of Commercial Services Corporation Division P.O. Box 50768 Lansing MI 48909 (517) 241-6470

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PAGE 9 OF 9

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LIMITED LIABILITY COMPANY ANNUAL STATEMENT



2005

Due February 15, 2005	<u>File Online at www.michigan.go</u>	v/fileonline		
Identification Number	Limited Liability Company Name F & W FLORIDA PROPERTIES, L.L.C.			,
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Resident agent name and mail	ng eddress of the registered office	If different than 1, characters of registered office in		ent and making
FORREST SCOTT		,		·]
P.O. BOX 770				
BELLEVILLE MI 4	8112			}
2. The address of the registered 44700 N 1484 8ERV	ICE DR	if different than 2, a (number, street, day, state, st		
Belleville MI 4	M11			
3. Signature of auth	orized member, manager or agent.	Title	Date	Phone (Optional)
Walter . Hi	hal	Member	3/3/200	3

Filing Fee: \$25.00

Annual Statement Due February 15, 2005.

Annual Statement Must Be Signed

Domestic: Signature of a manager if management is vested in managers, by at least 1 member if management remains in the members or by an authorized agent of the domestic limited liability company.

Foreign: Signature of a person with authority to do so under the laws of the foreign limited liability company's jurisolation of organization.

Make your check or money order payable to the State of Michigan.

Return to: Department of Labor & Economic Growth Bureau of Commercial Services Corporation Division P.O. Box 30768

Lansing MI 48909 (517) 241-6470

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City Northville,		EFFECTIV	E DATE:	. Admitutament
				WINDSON SERVICES
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	ARTICLES OF ORGANIZATI			
For use b	y Domestic Limited Liability		BT	KKAN
(Plea	se read information and instructions on la	ist page)	<u> </u>	$\frac{1}{2}$
Pursuant to the pri	ovisions of Act 23, Public Acts of 199	93, the undersigned exec	ute the following	Articles:
RTICLEI				
				/
The name of the limite	ed liability company is: F & W	/ Florida Prope	erties, L	.L.U.
RTICLE II				-
	ses for which the limited liability com	nony is formed is to and	ane in any activi	ty within the nurnoses
	ses for which the limited liability com- pility company may be formed under			
	of investment proper	· ·	riparry 710t of 1111c	angum.
Ownergurp	or investment brober	.c.es.		
RTICLE III			· · · · · · · · · · · · · · · · · · ·	
The duration of the lim	ited liability company if other than pe	rpetual is:		
RTICLE IV				
** * * * * * * * * * * * * * * * * * * *	of the location of the registered offic	e is:		
	•			/0113
	I-94 Service Drive,	Belleville	, Michigan .	
(Street Address)	a aftic - a mintage d affine if different t	(Oty)		(ZIP Code)
	s of the registered office if different to	nan above:	•	
P.O. Box 7	70, Belleville		, Michigan	48112
(Street Address or P.O. 6	x }	(City)		(ZIP Code;
3. The name of the re	sident agent at the registered office i	Forrest Sc	ott	
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	y desired additional provision authorize	d by the Act; attach addition	nal pages if needs	d.)
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