

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005332

Entity Name: TAW INVESTMENTS LLC

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

3777 BELLE MEAD  
SPRINGDALE, AR 72762

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 707  
SPRINGDALE, AR 727560707

**New Mailing Address:**

FEI Number: 77-0643591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOOD, TODD  
Address: 3777 BELLE MEAD  
City-St-Zip: SPRINGDALE, AR 72762

Title: MGRM ( ) Delete  
Name: TOLLETT, GARY  
Address: 2615 CARLEY ROAD  
City-St-Zip: SPRINGDALE, AR 72762

Title: MGRM ( ) Delete  
Name: ARNOLD, CHRIS  
Address: 2571 FIREWOOD DR  
City-St-Zip: FAYETTEVILLE, AR 72703

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TODD WOOD

MR.

03/31/2009

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