


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000002193**

1. Entity Name  
**KWW REDDICK, LLC**



Principal Place of Business  
**55 HAYDEN AVENUE  
 LEXINGTON, MA 02421**

Mailing Address  
**55 HAYDEN AVENUE  
 LEXINGTON, MA 02421**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-LLC CRZE083 (11/05)

4. FEI Number <b>20-2725482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.  
 ONE NORTH CLEMATIS STREET, SUITE 400  
 WEST PALM BEACH, FL 33401**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

U00000550205  
 05/13/06-80050-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINES, EDWARD F JR. 55 HAYDEN AVENUE LEXINGTON, MA 02421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORLEY, NOLLY 55 HAYDEN AVENUE LEXINGTON, MA 02421
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Nolly Corley Nolly Corley Manager **4/26/06** **781-274-7101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #