

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003281

Entity Name: PWF MANAGING CO., LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

999 WATERSIDE DRIVE, SUITE 2300
NORFOLK, VA 23510

New Principal Place of Business:

Current Mailing Address:

999 WATERSIDE DRIVE, SUITE 2300
NORFOLK, VA 23510

New Mailing Address:

FEI Number: 26-0220061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: SLONE, JORDAN E
Address: 999 WATERSIDE DRIVE, SUITE 2300
City-St-Zip: NORFOLK, VA 23510

Title: MGR () Delete
Name: SLONE, NORMAN
Address: 999 WATERSIDE DRIVE SUITE 2300
City-St-Zip: NORFOLK, VA 23510

Title: MGR () Delete
Name: BANGEL, HERBERT K
Address: 999 WATERSIDE DRIVE SUITE 2300
City-St-Zip: NORFOLK, VA 23510

Title: MGR () Delete
Name: ZWIEBEL, DAVID
Address: 999 WATERSIDE DRIVE SUITE 2300
City-St-Zip: NORFOLK, VA 23510

Title: MGR () Delete
Name: MENDLOVIC, PINCHAS
Address: 999 WATERSIDE DRIVE SUITE 2300
City-St-Zip: NORFOLK, VA 23510

Title: MGR () Delete
Name: RICHEL, BENN
Address: 999 WATERSIDE DRIVE SUITE 2300
City-St-Zip: NORFOLK, VA 23510

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: JORDAN E. SLONE

MGR

02/12/2009

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