

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003377

FILED  
May 01, 2008  
Secretary of State

Entity Name: EWGS INTERMEDIARY, LLC

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

**New Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

**New Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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: MGRM ( ) Delete  
Name: EDWIN WATTS HOLDING, CORP.  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EDWIN WATTS HOLDING, CORP.  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

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: JENNIFER SPANGLER

POA

05/01/2008

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