


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L02000010363 1. Entry Name W. W. CONSTRUCTION MANAGEMENT, LLC	
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Principal Place of Business 113 MASON LAKE CRT. HAWTHORNE, FL 32640 US	Mailing Address PO BOX 349 MELROSE, FL 32666 US
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04302007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1557944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JAMES J JR.
 420 SOUTH LAWRENCE BOULEVARD
 KEYSTONE HEIGHTS, FL 32656

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, DONALD J 113 MASON LAKE CRT. HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WORLEY, LETCHER F III P.O. BOX 742 HAWTHORNE, FL 32640
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 05/18/07-80120-022 50.00

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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:  DATE: 4-30-07 DAYTIME PHONE #: 352-473-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #