

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067350

Entity Name: WWW ENTERPRISES, LLC

FILED  
Apr 08, 2008  
Secretary of State

**Current Principal Place of Business:**

15050 NW 79 COURT  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

11900 BISCAYNE BLVD.,  
SUITE 301  
MIAMI, FL 33181

**Current Mailing Address:**

15050 NW 79 COURT  
MIAMI LAKES, FL 33016

**New Mailing Address:**

11900 BISCAYNE BLVD.,  
SUITE 301  
MIAMI, FL 33181

FEI Number: 26-0493404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPSON, SAUL B  
1515 UNIVERSITY DRIVE SUITE 222  
CORAL SPRINGS, FL 33071 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS. ( ) Change (X) Addition  
Name: OSPINA, SARA I MEMBER  
Address: 11900 BISCAYNE BLVD., SUITE 301  
City-St-Zip: MIAMI, FL 33181

Title: MS. ( ) Change (X) Addition  
Name: OSPINA, ELSA V MEMBER  
Address: 11900 BISCAYNE BLVD., SUITE 301  
City-St-Zip: MIAMI, FL 33181

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: SARA OSPINA

MS.

04/08/2008

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