

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004067

Entity Name: ALW, L.L.C.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

600 SAN MARCOS DR.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

27145 SHERATON DR
NOVI, MI 48377

New Mailing Address:

FEI Number: 38-3530831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRICKE, DEBBIE
390 N. ORANGE AVE., SUITE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WHWW, INC.
390 N. ORANGE AVE., SUITE 1500
ORLANDO, FL 32801 US

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: DEBBIE FRICKE, VICE PRESIDENT

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: WISNE, ALAN L
Address: 600 SAN MARCOS DRIVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MRS () Delete
Name: WISNE, KATHRYN L
Address: 600 SAN MARCOS DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WISNE, ALAN L
Address: 600 SAN MARCOS DRIVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGR (X) Change () Addition
Name: WISNE, KATHRYN L
Address: 600 SAN MARCOS DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN L. WISNE

MGR

01/04/2007

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