

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000008076

1. Entity Name
W&W, L.L.C.



Principal Place of Business
412 SE 18TH STREET
FT. LAUDERDALE, FL 33316

Mailing Address
412 SE 18TH STREET
FT. LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1850 SE 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Ft. Lauderdale, FL

Zip

Zip

33316

Country

USA

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1108732

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, BRADFORD W
412 SE 18TH STREET
FT. LAUDERDALE, FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FITZGERALD, BRADFORD W
STREET ADDRESS 412 SE 18TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGRM
NAME HUDSON, STEVEN W
STREET ADDRESS 1850 SE 17TH ST. SUITE 300
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Steven W. Hudson 3/6/07

954-356-5800

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 029 ****50.00

