2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008375

Name:

Address:

City-St-Zip:

GRAMLING, SCOTT

300 FIRST AVENUE SOUTH/5TH FLOOR

SAINT PETERSBURG, FL 33701

Entity Name: WWW SOLUTIONS, LLC

FILED Feb 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 FIRST AVENUE SOUTH FIFTH FLOOR ST PETERSBURG, FL 33701 **New Mailing Address: Current Mailing Address:** 300 FIRST AVENUE SOUTH FIFTH FLOOR ST PETERSBURG, FL 33701 FEI Number: 59-3720860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHREVE, STANLEY 300 FIRST AVENUE SOUTH FIFTH FLOOR SAINT PETERSBURG, FL 33701 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition WILLINGHAM, WEYMAN Name: Name: 300 FIRST AVENUE SOUTH/5TH FLOOR Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SHREVE, STANLEY Name: Address: 300 FIRST AVENUE SOUTH/5TH FLOOR Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRAMLING, KEITH Name: Name: 300 FIRST AVENUE SOUTH/5TH FLOOR Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY SHREVE MGRM 02/16/2004