



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000003993</b> 1. Entity Name WWD, UD#14, L.L.C.	
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Principal Place of Business 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994	Mailing Address 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 01-0640262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL DEVELOPMENT OF FLORIDA, LLC  
100 SW ALBANY AVE.  
SUITE 110  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

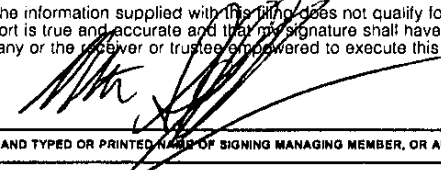
**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000709172  
04/24/07-80142-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNIVERSAL DEVELOPMENT OF FLORIDA, LLC 100 SW ALBANY AVE., SUITE 110 STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **4/13/07** **772-463-0154**

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