


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000020778 1. Entity Name WW PROPERTIES, LLC |  |
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|--|--|
| Principal Place of Business 15 N. OCEAN STREET JACKSONVILLE FL 32202 | Mailing Address 15 N. OCEAN STREET JACKSONVILLE FL 32202 |
|--|--|



1st MOORE CR2E083 (10/04)

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 56-2286148 | <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent

**WATSON, KENNETH R
15 N. OCEAN STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

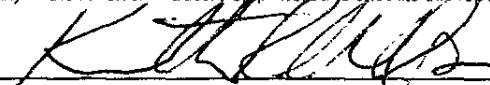
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WATSON, KENNETH R 15 N OCEAN STREET JACKSONVILLE FL 32202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000255718 03/08/05-80025-021 50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-7-05** ⁹⁰⁴ **356-1355**

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