2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# L03000006801

Entity Name: WW VENTURE II, LLC

Current Principal Place of Business:

230 TOLLGATE BLVD.
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

230 TOLLGATE BLVD.
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 81-0604130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUTTER, C. CHRISTIAN
2850 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WHITLEY, WALLACE PRES	
Address:	230 TOLLGATE BLVD	
City-St-Zip:	ISLAMORADA, FL 33036 US	
Title:	MGRM	( ) Delete
Name:	WHITLEY, W. JAMES VP	
Address:	892 HICKORY STICK DR	
City-St-Zip:	FT MILL, SC 29715 US	
Title:	MGRM	( ) Delete
Name:	WHITLEY, MARK P VP	
Address:	7207 OXBOW CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WALLACE WHITLEY MGRM 02/10/2007

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