


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000015426 1. Entity Name CWW OUTPARCEL NO. 2, LLC	
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Principal Place of Business 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126	Mailing Address 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 61-1413161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
 2699 SOUTH BAYSHORE DR, SEVENTH FLOOR
 MIAMI, FL 33133

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

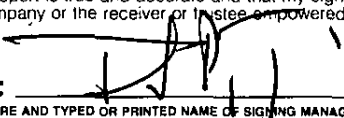
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000895181
 04/24/08-80058-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, THOMAS P 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
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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:  DATE: 4/10/08 DAYTIME PHONE #: 305-559-4900

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

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