

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

1/ **Feb 20, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90004 028 \*\*\*\*50.00

**DOCUMENT # L04000019261**

1. Entity Name  
**WW VENTURE IV, LLC**



Principal Place of Business  
**7207 OXBOW CIRCLE  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**7207 OXBOW CIRCLE  
TALLAHASSEE, FL 32312 US**

**30000130**



**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0855991**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SAUTTER, C. CHRISTIAN ESQ.  
2850 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WHITLEY, MARK P<br/>7207 OXBOW CIRCLE<br/>TALLAHASSEE, FL 32312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**2-13-06 (850) 528-5468**

Date

Daytime Phone #

ATTACHMENT



#30000745

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2006

WW VENTURE IV, LLC  
7207 OXBOW CIRCLE  
TALLAHASSEE, FL 32312 US

Subject: WW VENTURE IV, LLC

Reference Number: L04000019261

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/je

ANNUAL REPORTS SECTION