2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 03, 2006 08:00 AM DOCUMENT # L04000039916 **Secretary of State** W & W USA, LLC Principal Place of Business Malling Address 12855 SANCTUARY COVE DRIVE #2123 12855 SANCTUARY COVE DRIVE #2123 TEMPLE TERRACE, FL 33637 TEMPLE TERRACE, FL 33637 03272006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0640203 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DONOVAN, SEAN DO NOT WRITE 12855 SANCTUARY COVE DRIVE #2123 TEMPLE TERRACE, FL 33637 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME DONOVAN, SEAN STREET ADDRESS 12055 SANTUARY COVE DR #2123 CITY-ST-ZIP **TAMPA, FL 33637** TITLE U00000490444 04/18/06-80056-010 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ane IN THIS SPACE NAXIX STREET ADDRESS CITY-ST-ZIP me NAAY: STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 cells; that I am a managing member or manager of the limited liability company or the receiver or trypice empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

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

FILED