2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046163

1. Entity Name
W&W CONSULTANTS, LLC

Principal Place of Business	Mailing Address
703 PINESTEAD RD	P.O. BOX 11975
PENSACOLA, FL 32505 US	PENSACOLA, FL 32524-1974 US

DO NOT WRITE IN THIS SPACE

07242006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
72-1583848	Not Applicable

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

6. Name and Address of Current Registered Agent

BROXTON, MATTIE
2501 JOHN PAUL JONES DR
PENSACOLA, FL 32505

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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 _____

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 September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WALKER, ANNIE T
STREET ADDRESS	703 PINESTEAD RD
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	MGR
NAME	WASHINGTON, ROBERT R
STREET ADDRESS	9229 WOODRUN CT
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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07/28/06-80001-021 50.00

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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: _Robert R Washington_ ROBERT R. WASHINGTON 7/24/06 850-479-9926

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