
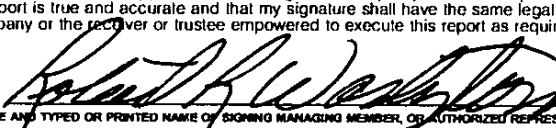


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # L04000046163 | |  |
| 1. Entity Name W&W CONSULTANTS, LLC | | |
| Principal Place of Business 703 PINESTEAD RD PENSACOLA, FL 32505 US | | Mailing Address P.O. BOX 11975 PENSACOLA, FL 32524-1974 US |
| | | |
| | | |
| 4. FEI Number 72-1583848 | | 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 | | |
| BROXTON, MATTIE 2501 JOHN PAUL JONES DR PENSACOLA, FL 32505 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| U00000638464 02/27/07-80031-017 50.00 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WALKER, ANNIE T 703 PINESTEAD RD PENSACOLA, FL 32505 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WASHINGTON, ROBERT R 9229 WOODRUN CT PENSACOLA, FL 32514 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 2/14/07 8:50-479 7924 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |