2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L04000059567

Entity Name: VWW PINES, LLC

Current Principal Place of Business:

300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-1534445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZINGLER, DOUGLAS P ESQ.
300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	VERA, LOUIS	
Address:	300 S. UNIVERSITY DR.	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	MGR	( ) Delete
Name:	WILLIAMSON, GEORGE E II	
Address:	7815 SW 104TH STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	MGR	( ) Delete
Name:	WILLIAMSON, GEORGE E III	
Address:	7815 SW 104TH STREET	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOUIS VERA MGRM 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date