2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
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:

VERA, LOUIS
300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025 US

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: LOUIS VERA 04/22/2008
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 PRES 04/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date