

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073162

FILED  
Mar 17, 2007  
Secretary of State

Entity Name: WWOW OF GAINESVILLE, LLC

**Current Principal Place of Business:**

1314 N.W. 94TH STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1314 N.W. 94TH STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 76-0767561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEYMOUR, GAYLE T  
1314 N.W. 94TH STREET  
GAINESVILLE, FL 32606 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: SEYMOUR, GAYLE T  
Address: 1314 NW 94TH ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: CATHERINE, HUBER S  
Address: 6570 NW 109TH PL  
City-St-Zip: ALACHUA, FL 32615

Title: MGRM ( ) Delete  
Name: GREEN, MARTHA J  
Address: 5631 SW 35TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

**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 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: GAYLE T. SEYMOUR

MGRM

03/17/2007

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