


03-14-2005 90594 USU *****
FILED L04000078335
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:16

DOCUMENT # L04000078335 1. Entity Name A W W M, LLC			05 JUL -5 AM 11:16
Principal Place of Business 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176		Mailing Address 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, JOANNE S 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, JOANNE S 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		James R. Mitchell 2/25/05 305-270-0870	