03-14-2005 90594 050 ----50.00
FILEU L04000078335
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2995-LIMITED LIABILITY COMPANY ANNUAL REPORT						SECK DIVISIO:	FILEU LO4 ETARY OF STATE OF CORPORATIO	00007833: NS	5
DOCUMENT # L04000078335 1. Entity Name A W W M, LLC						Į.	L-5 AHII: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				27 (4 57) D atto algusarm atto eadh atto lagh	." . 1718 1818 1818 1818 1818 1818 1818 1818	
2. Principal Pl	lace of Busin	ness	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112005	Chg-LLC CR2E	083 (10/03)	
City & State			City & State		4. FEI Numb	20-1809088	—	plied For t Applicable	
Zip	p Country		Zip Count		ry	Certificate of Status Desired			
	6. Name	and Address of Current R	egistered Agent	gent 7. N Name			d Address of New Registered	Agent	
MITCHELL 9095 S.W. MIAMI, FL	87 AVEN	E S UE, SUITE 777	Street Address		s (P.O. Box Numb	ber is Not Acceptable)			
			-		City		F	Zip Code	•
 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 								- 	and accept
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2005						<u>.</u>	Make check Florida Depart		•
9. MANAGING MEMBI			RS/MANAGERS 10.				ADDITIONS/CHANGE	s	
NAME STREET ADDRESS CITY-ST-ZIP		.L, JOANNE S /. 87 AVENUE, SUITE 77 L 33176	□ Deleta 7	Deleta TITLE NAME STREET ADDRESS CITY-51-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L				I			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					I			☐ Change	Addition .
TITLE NAME STREET ADDRESS CLTY-ST-ZIP			□ Delets .					☐ Change	Addition
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 logal 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.									

James R. Mitchell

2/25/05

305-270-0870