2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001215

Entity Name: WW INVESTMENT GROUP, LLC

FILED May 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4908 HAMPSHIRE DRIVE JACKSONVILLE, FL 32208 US **Current Mailing Address: New Mailing Address:** 4908 HAMPSHIRE DRIVE JACKSONVILLE, FL 32208 US FEI Number: 41-2168333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARDEN, BELINDA J WARDEN, BELINDA J 4908 HAMPSHIRE DRIVE 4908 HAMPSHIRE DRIVE JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32209 US 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: 05/11/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete WARDEN, TYRONE S WARDEN, TYRONE S Name: Name: 4908 HAMPSHIRE DRIVE Address: 4908 HAMPSHIRE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32208 US City-St-Zip: JACKSONVILLE, FL 32209 US (X) Change () Addition Title: MGRM () Delete Title: MGRM WARDEN, KENNETH B Name: WARDEN, KENNETH B Name: Address: 4908 HAMPSHIRE DRIVE Address: 4908 HAMPSHIRE DRIVE City-St-Zip: JACKSONVILLE, FL 32208 US City-St-Zip: JACKSONVILLE, FL 32209 US Title: MGRM () Delete Title: MGRM (X) Change () Addition WARDEN, BELINDA J Name: WARDEN, BELINDA J Name: 4908 HAMPSHIRE DRIVE 4908 HAMPSHIRE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 US City-St-Zip: JACKSONVILLE, FL 32209 US Title: () Delete Title: () Change (X) Addition Μ Name: Name: NELL, MARGARITA 4908 HAMPSHIRE DRIVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32209 Title: () Delete Title: () Change (X) Addition JACKSON, JR., LOUIS Name: Name: 5227 DONCASTER AVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change (X) Addition JACKSON, PONCIANNA H Name: Name: Address: Address: 5227 DONCASTER AVE JACKSONVILLE, FL 32208 City-St-Zip: 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: TYRONE S. WARDEN MGR 05/11/2006