

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-06-2006 90201 023 ****50.00

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DOCUMENT # L05000030667 1. Entity Name WWSOUTH, LLC					
Principal Place of Business C/O LEE MILICH 100 WEST CYPRESS CREEK ROAD SUITE 935 FT. LAUDERDALE, FL 33309				Mailing Address C/O LEE MILICH 100 WEST CYPRESS CREEK ROAD SUITE 935 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address c/o D Skiff 850 Silas Deane Hwy City & State Wethersfield, CT Zip Country 06109 USA			
4. FEI Number 20-2633585		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MILICH, LEE 100 WEST CYPRESS CREEK ROAD SUITE 935 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRICE, WARRIE 1172 PARK AVE. NEW YORK, NY 10128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Warrie L Price</i> 2-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		