


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000061844	
1. Entity Name TWW, LLC	

Principal Place of Business 901 NORTH GROVE STREET EUSTIS, FL 32726	Mailing Address 901 NORTH GROVE STREET EUSTIS, FL 32726
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DO NOT WRITE IN THIS SPACE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

02282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3807811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
VOCCI, MARK J 901 NORTH GROVE STREET EUSTIS, FL 32726	

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IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000870030
04/09/08-80073-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP VOCCI, MARK J MDPHD 901 N GROVE ST EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEHRLY, SCOTT MD 901 N GROVE ST EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERPSTRA, SHELBY L DO 901 N GROVE ST EUSTIS, FL 32726
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mark J Vocci 3-21-08 (352) 365-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #