2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 22, 2008
Secretary of State

DOCUMENT# L05000078066

Entity Name: WHWW FOUR, LLC

Current Principal Place of Business:

390 N. ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1391
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-4101367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 N. ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WHWW, INC.
390 N. ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 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: DEBBIE FRICKE AS VP OF WHWW, INC. 09/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LIPSON, GARY D
Address: 390 N. ORANGE AVE., SUITE 1500
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR (X) Delete
Name: CAROLAN, J.P. III
Address: 390 N. ORANGE AVE., SUITE 1500
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHEEK, JAMES E III
Address: 390 N. ORANGE AVE., SUITE 1500
City-St-Zip: ORLANDO, FL 32801 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E. CHEEK III MGR 09/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date