

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089627

Entity Name: W & W IV, LLC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

225 PERUVIAN AVENUE
SUITE 201
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2465
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-3454130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD WALDMAN, TRICIA
225 PERUVIAN AVENUE
SUITE 201
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

WARD, PATRICIA
225 PERUVIAN AVENUE
SUITE 201
PALM BEACH, FL 33480 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: PATRICIA WARD

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: JAMES J. WARD REVOCA, BLE TRUST
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

Title: MRS. () Delete
Name: PATRICIA WARD WALDMA, N ENTITY TRUST
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARD, JAMES J III
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

Title: MGR (X) Change () Addition
Name: WARD, PATRICIA
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

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: PATRICIA WARD

MGR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date