

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115459

Entity Name: W & W V, LLC.

FILED  
Jan 17, 2008  
Secretary of State

**Current Principal Place of Business:**

225 PERUVIAN AVENUE  
201  
PALM BEACH, FL 33840

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2465  
PALM BEACH, FL 33840

**New Mailing Address:**

FEI Number: 20-3981792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARD, TRICIA  
225 PERUVIAN AVENUE  
201  
PALM BEACH, FL 33840 US

**Name and Address of New Registered Agent:**

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:

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

Title: MR. ( ) Delete  
Name: STATE ROAD #7 PARTNE, RS, LTD  
Address: 7965 LANTANA ROAD  
City-St-Zip: LAKE WORTH, FL 33454

**ADDITIONS/CHANGES:**

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

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

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: PATRICIA WARD WALDMAN

MGR

01/17/2008

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