

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122690

Entity Name: W & W VI, LLC.

FILED  
Jan 12, 2007  
Secretary of State

## Current Principal Place of Business:

217 PERUVIAN  
2  
PALM BEACH, FL 33480

## New Principal Place of Business:

225 PERUVIAN AVENUE  
SUITE 201  
PALM BEACH, FL 33480

## Current Mailing Address:

217 PERUVIAN  
2  
PALM BEACH, FL 33480

## New Mailing Address:

P.O. BOX 2465  
PALM BEACH, FL 33480

FEI Number: 20-3994159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, TRICIA  
217 PERUVIAN  
2  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

WARD, TRICIA  
225 PERUVIAN AVENUE  
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:

01/12/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

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 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: TRICIA WARD WALDMAN

MS.

01/12/2007

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