

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072980

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: W & W MANAGEMENT CO LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

225 PERUVIAN AVENUE  
SUITE 201  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2465  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 20-5153870

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

04/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

MGR

04/01/2009

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