2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# L07000054306

Entity Name: W & W XXVI, LLC

Current Principal Place of Business:

225 PERUVIAN AVENUE
201
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

225 PERUVIAN AVENUE
201
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 26-0205106 **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
201
PALM BEACH, FL 33480 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: MGR ( ) Delete
Name: WARD, JAMES J III
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

Title: MGR (X) Delete
Name: WARD WALDMAN, TRICIA
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

Title: MGR (X) Delete
Name: WALDMAN, A. EVERETT
Address: P.O. BOX 2465
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JAMES J. WARD REVOCA, BLE TRUST
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: JAMES J. WARD III MBR 01/16/2008

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