

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000353

Entity Name: WW APARTMENTS, L.L.C.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

2605 COLUMBIA BLVD.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

C/O THE RICHMAN GROUP
340 PEMBERWICK ROAD
GREENWICH, CT 06831

New Mailing Address:

FEI Number: 06-1449195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE RICHMAN GROUP OF FLORIDA, INC.
THE BRANDYWINE CENTRE I
580 VILLAGE BLVD STE. 360
WEST PALM BEACH, FL 33409 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: MGRM () Delete
Name: RICHELSON, ERIC
Address: 570 TAXTER ROAD
City-St-Zip: ELMSFORD, NY 10523

Title: MGRM () Delete
Name: WILDER, ROBERT H JR.
Address: 570 TAXTER ROAD
City-St-Zip: ELMSFORD, NY 10523

Title: MGRM () Delete
Name: RICHMAN, RICHARD P
Address: 340 PEMBERWICK ROAD
City-St-Zip: GREENWICH, CT 06831

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: RICHARD P. RICHMAN

MGRM

03/16/2009

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