

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006676

FILED
Apr 13, 2006
Secretary of State

Entity Name: WDW MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

165 WEST END AVENUE
KNOXVILLE, TN 37922

New Principal Place of Business:

165 WEST END AVENUE
KNOXVILLE, TN 37934

Current Mailing Address:

11130 KINGSTON PIKE, SUITE 1
PMB 1-184
KNOXVILLE, TN 37922

New Mailing Address:

11130 KINGSTON PIKE, SUITE 1
PMB 1-184
KNOXVILLE, TN 37934

FEI Number: 58-2458833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WINEGARDNER, DEAN
Address: 3000 RIVER HAVEN PT.
City-St-Zip: KNOXVILLE, TN 37922

Title: MGRM () Delete
Name: O'CONNOR, PAT
Address: 165 WEST END AVENUE
City-St-Zip: KNOXVILLE, TN 37922

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WINEGARDNER, DEAN
Address: 165 WEST END AVE
City-St-Zip: KNOXVILLE, TN 37934

Title: MGRM (X) Change () Addition
Name: O'CONNOR, PAT
Address: 165 WEST END AVENUE
City-St-Zip: KNOXVILLE, TN 37934

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: DEAN WINEGARDNER

MGR

04/13/2006

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