

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000003505**

1. Entity Name  
**W.W.C., LLC**



Principal Place of Business  
**1000 TOWN CENTER, 22ND FLOOR  
SOUTHFIELD MI 48075**

Mailing Address  
**1000 TOWN CENTER, 22ND FLOOR  
SOUTHFIELD MI 48075**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number  
**20-0317177**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVE, BENJAMIN E  
1500 NORTH FEDERAL HIGHWAY, SUITE 200  
FORT LAUDERDALE FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
BROOKS, ERNIE L  
1000 TOWN CENTER, 22ND FLOOR  
SOUTHFIELD MI 48075**

☐ Delete

☐ Change ☐ Addition  
**U000000263935  
03/15/05-80006-012 50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
NEMAZI, JOHN E  
1000 TOWN CENTER, 22ND FLOOR  
SOUTHFIELD MI 48075**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
LEWRY, THOMAS A  
1000 TOWN CENTER, 22ND FLOOR  
SOUTHFIELD MI 48075**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-11-05

2483584400