


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000003505</b> 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	



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0317177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000612417  
02/02/07-80105-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, ERNIE L 1000 TOWN CENTER, 22ND FLOOR SOUTHFIELD, MI 48075
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEMAZI, JOHN E 1000 TOWN CENTER, 22ND FLOOR SOUTHFIELD, MI 48075
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWRY, THOMAS A 1000 TOWN CENTER, 22ND FLOOR SOUTHFIELD, MI 48075
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-11-07

248-358-4400