## ~~2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # L02000012557 1. Entity Name 02-25-2004 90280 013 \*\*\*\*50.00 PALM BEACH OFFICE LLC Principal Place of Business Mailing Address 4521 PGA BLVD: #211-C/O CORPORATE CREATIONS PALM BEACH GARDENS FL 33418 24014189 C/O CORPORATE CREATIONS PALM BEACH GARDESN FL-33418 Mailine Address Principal Place of Business ) Yntsperitu Ynnn KO Kros Devid MOORE CR2E083 (11/03) 4. FEI Number Applied For 04-3673680 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . - \_ \_\_\_ CORPORATE CREATIONS NETWORK INC 941 FOURTH STREET #200 MIAMI-BEACH FL 33139 Corporate Creations Network Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens, FL 33410 8. The above named entity submits this statement for the purpose of changing its register am familiar with, and accept the obligations of registered ager FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Change ☐ Addition Delete NAME WORLDWIDE MANAGEMENT LLC NAME 4521 PGA BLVD. #211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAECH GARDENS FL 33418 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Secretar NAME NAME STREET ADDRESS STREET ADDRESS #200 KG CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED