


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90031 032 \*\*\*\*55.00

**DOCUMENT # L96000000333**

1. Entity Name  
 UNITED WORLD TELECOM L.C.



Principal Place of Business  
 1845 S. FEDERAL HIGHWAY  
 SUITE 354  
 DELRAY BEACH, FL 33483

Mailing Address  
 1845 S. FEDERAL HIGHWAY  
 SUITE 354  
 DELRAY BEACH, FL 33483

14001919



2. Principal Place of Business  
**5300 W. ATLANTIC AVE**  
 Suite, Apt. #, etc.  
**SUITE 500**

3. Mailing Address  
**5300 W. ATLANTIC AVE**  
 Suite, Apt. #, etc.  
**SUITE 500**

04192005 Chg-LLC CR2E083 (10/03)

City & State  
**DELRAY BEACH FL**

City & State  
**DELRAY BEACH FL**

Zip  
**33484**

Country  
**PALM BEACH**

Zip  
**33484**

Country  
**PALM BEACH**

4. FEI Number  
 65-0652428

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GENOYER, THIERRY**  
 740 AZALEA ST  
 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name **GENOYER, THIERRY**

Street Address (P.O. Box Number is Not Acceptable)  
~~5300~~ **1026 SEASAGE DR**

City **DELRAY BEACH FL** Zip Code **33483**

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 *Thierry Genoyer* DATE **4-19-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, THIERRY 740 AZELEA ST. BOCA RATON, FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, JEAN-MARC 107 AV. DE LA FLORIDE 1190 BRUSSELS-BELGIUM,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, THIERRY 1026 SEASAGE DR DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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.

SIGNATURE: *Thierry Genoyer* **THIERRY GENOYER** DATE **4-19-05** DAYTIME PHONE # **561-276-7156**

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