## PLEASE READ ALL INSTRUCTIONS:BEFORE COMPLETING THIS FORM.

C	ED LIABILIT OMPANY STATEMEN		Si	ecretar	TMENT OF STATE y of State orporations	7	nn4 FE	FILED B12 PH 2: 00	) )
1. Limited L	JMENT # Liability Company's Iex LC	L000000 Name	003193			ום	VIJION TALLA	OF CORPORATION OF COR	AC
•				Mailing Office Address 1220 N. Market St.			try of Form	aation	
Suite, Apt. #, etc. Suite 606			Suite, Apt. #, etc. Suite 606			Florida 5. Date Organized or Qualified To Do Business in Florida			
City & State Wilmington, DE			City & State Wilmington, DE			6. FEI Number Not Applicable Applied For Not Applicable			
<sup>Zip</sup> 19801	US	•	<sup>Zip</sup> 19801		Country USA	7. CERTIFICATE	OF STATU	S DESIRED S5.00 Addit	tional Fee required tificate of Status
			<b>8.</b> Na	me and A	ddress of Current Registe	red Agent			
	Florida Filing & Search Services, Inc.								
	Street Address (P.O. Box Number is Not Acceptable)  1333 North Duval Street								
	Suite, Apt. #, Etc.								
	city Tallaha	assee		•			State FL	Zip Code 32302	
9. I, being Signature of Registered	, —	1) Hodge	Proces	liability co	mpany, am familiar with and	accept the obligat	ons of Cha	apter 608, F.S.	
<b>10.</b> Name	s and Street Addres	sses of Managing Mer	mbers/Managers						
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip		
Member	mber Star Group Finance and Holdings, Inc.								
Membe	Worldfund, In	ic.	,						
					,	90	TERRY	2866680	9
					BEIN	STATE	WE	2003-0	20
filing th all fees	nis reinstatement ap	plication the reason fo	r <b>dies</b> glution has b	een elimin	powered to execute this appliated, the limited liability comn indicated on this application	pany name satisfie	s the requi	rements of section 608,406	5. F.S., and that
Signature of Managing M	f //ember/Manager	M	ams	1			aytime Ph	302-421-5752	2
Typed or pri	inted name of signir	ng Managing Member	( /Manager _Sid (	Garnett	t, Attorney-in-Fact o	f Members			<b>1</b>

## P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 02-12-04

NAME: TRADEX LC

TYPE OF FILING: REINSTATEMENT

COST: \$200.00

**RETURN:** 

ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAUL H

OF FEB 12 M 10 48