


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90041 003 \*\*\*\*50.00

<b>DOCUMENT # L00000006289</b> 1. Entity Name WORLDWIDE WEB ENTERPRISES, L.C.			
Principal Place of Business 1250 E. HALLANDALE BEACH BLVD. PENTHOUSE A HALLANDALE, FL 33009		Mailing Address 1250 E. HALLANDALE BEACH BLVD. PENTHOUSE A HALLANDALE, FL 33009	
2. Principal Place of Business <i>1455 N. Park Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>1455 N. Park Drive</i> Suite, Apt. #, etc.	
City & State <i>Weston, Florida</i> Zip Country <i>33326 USA</i>		City & State <i>Weston, Florida</i> Zip Country <i>33326 USA</i>	
4. FEI Number 65-1021526		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SMOLEY, ROBERT ESQ. 2665 SO. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name <i>Robert Smoley, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1455 N. Park Drive</i> City <i>Weston</i> FL Zip Code <i>33326</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMOLEY, ROBERT 1250 E. HALLANDALE BEACH BLVD., PH A HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GREY, DARIN 1250 E. HALLANDALE BEACH BLVD., PH A HALLANDALE, FL 33009	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.			
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

**24053848**



04132004 Chg-LLC CR2E083 (10/03)