

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000006540

1. Entity Name  
FUTURE WORLD, L.L.C.

**FILED**  
01 JUN 13 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
2021 CONCORD DRIVE      2021 CONCORD DRIVE  
FLOWER MOUND TX 75022      FLOWER MOUND TX 75022

2. Principal Place of Business      3. Mailing Address  
4601 TOWN CENTER BLVD      13803 FAIRWAY ISLAND DR  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
APT #1614

City & State      City & State      4. FEI Number      Applied For  
ORLANDO, FL      ORLANDO FL      58-2577132      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$5.00 Additional Fee Required  
32837      ORANGE      32837      ORANGE            \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
NATIONAL REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name  
JOHN T LUND  
Street Address (P.O. Box Number is Not Acceptable)  
4601 TOWN CENTER BLVD  
City      FL      Zip Code  
ORLANDO      32837

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.  
SIGNATURE John T. Lund      JOHN T. LUND, MANAGING MEMBER      6/7/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR LUND, JOHN T 13803 FAIRWAY ISLAND DR #1614 ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR LUND, JELAIN R 13803 FAIRWAY ISLAND DR #1614 ORLANDO FL 32837 <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13803 FAIRWAY ISLAND DR #1614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUND, JELAIN R
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004423190--0 -06/15/01--01084--026 ****300.00 ****250.00
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: John T. Lund      6/7/2001      (407) 251-5360  
Signature and typed or printed name of signing managing member or manager      Date      Daytime Phone #