2004	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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	4 UNIFO	<del></del>								
DOCL 1. Entity Na	JMENT #	1-000	0000051	0						
FUTURE WORLD, L.L.C.			1.0			FILED				
Principal Pla	ace of Business		Mailing Address			7	01	JUN I	3 AM	10: 56
2021 CONCORD DRIVE FLOWER MOUND TX 75022		2021 CONCORD DRIVE FLOWER MOUND TX 75022		SECRETARY OF STATE TALLAHASSEE, FLORID				STATE		
•	Place of Business  OWN CENTER I	3L VD_	3. Mailing Address 13803 FAIRWA Suite, Apt. #, etc.	Y ISL/	AND DR		DO NOT WRIT	E IN THIS SP	ACE	
City & Sta			APT #1614 City & State			4. FEI Nu	*	<u> </u>	<del> </del> -	applied For
Zip 32837	Coun	•	ORLANDO FL Zip	Cour	•		ate of Status Desired		5.00 Ac	
32037		NGE dress of Current R	32837 Registered Agent —	UKA	NGF	7. Name	and Address of New Re			eu
526 EAS	AL REGISTERE ST PARK AVEN ASSEE FL 3	D AGENTS, UE 2301	INC.		Name JOHN T Street Address 4601 T01	(P.O. Box Nui	nber is Not Acceptable)		7:- /2-	
····						ORLANDO FL Zip Co			3283	
s. The above	named entity submits		the purpose of changing i	-	ed office or registe					
(SIGNATURE	Fightiume, typed or brinted no	JOHN T. L	DILITE I Applicable. (NO. FILE I Make Check F	6 M6 DTE Registere NOW!!! I ayable to	ed office or registe	ered agent, or	6,	17 /202 DATE		
SIGNATURE	Arm J. July Bigrature. typed or brinted no	JOHN T. L	DILITE I Applicable. (NO. FILE I Make Check F	6 M6 DTE Registere	ed office or registe  MSE/2_ d Agent signature require  FEE IS \$50.00 o Department	ered agent, or	6	17 / 200 DATE		
SIGNATURE  SIGNATURE  ITLE MORE AME  TREET ADDRESS ITY-ST-ZIP	MGMR LUND, JOHN 13803 FAIRW	JOHN T. L arme of registered agent and ANAGING MEMBER T IAY ISAEND	MANAGON  To little if applicable. (NO  FILE I  Make Check P  RS/MEMBERS  Delete	S M6 TE Registere  IOWIII   Tayable to  10.  TITLE NAME STREE	MSC2_d Agent signature require FEE IS \$50.00 Department	ered agent, or	6,	DATE DATE	s1 	Addition
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I ar irmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE:

SIGNATURE AND TYPED OR PRINTED HAME DE SIGNING MANAGING MEMBER OR MANAGER

Date

SIGNATURE:

6/7/2001 Date

(407) 251-5360 Dayline Phone #