

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90323 020 ****55.00

DOCUMENT # L00000006540

1. Entity Name

FUTURE WORLD, L.L.C.



Principal Place of Business

Mailing Address

**5741 TOWN CENTER BLVD
ORLANDO FL 32837
US**

**5741 TOWN CENTER BLVD
ORLANDO FL 32837
US**

00012730



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2577132**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN T. LUND
5741 TOWN CENTER BLVD
ORLANDO FL 32837**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** Delete
LUND, JOHN T
STREET ADDRESS **13803 FAIRWAY ISLAND DR. #1614**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE
NAME **MGRM** Change Addition
LUND, JOHN T
STREET ADDRESS **14438 CALABAY CT.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE
NAME **MGRM** Delete
LUND, LELAIN R
STREET ADDRESS **13803 FAIRWAY ISLAND DR. #1614**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE
NAME **MGRM** Change Addition
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TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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
John T. Lund

1/15/2003 407-251-5360

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

Date

Daytime Phone #

CR2E083 (10/02)