2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # L01000007150 1. Entity Name 02-25-2004 90280 014 ****50.00 CORPORATE CREATIONS INSURANCE LLC Principal Place of Business Mailing Address 941-FOURTH STREET #200 4521 PGA BLVD 211 PALM BEACH GARDENS FL 33418 MIAMI BEACH FL 33139 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E083 (11/03) MOORE Applied For 4. FEI Number 65-1099475 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 Corporate Creations Network Inc. MIAMI BEACH FL 33139 11380 Prosperity Farms Road #221E Palm Beach Gardens, FL 33410 8. The above named entity submits this statement for the purpose of changing its registered m familiar with, and accept the obligations of registered agent SIGNATURE e ił applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May-1, 2004-MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change Addition MGR ☐ Delete TITLE WORLDWIDE MANAGEMENT LLC NAME NAME STREET AODRESS STREET ADDRESS 4521 PGA BLVD 211 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change Addition ☐ Delete TITLE · Seevretaru TITLE NAME NAME nallita STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME - --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED