

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012719

FILED  
Jul 20, 2005  
Secretary of State

**Entity Name:** WORLD ENTERTAINMENT PARTNERS, LLC

**Current Principal Place of Business:**

100 SW 3RD AVENUE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

100 SW 3RD AVENUE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

300 SW 2ND STREET  
SUITE 2  
FORT LAUDERDALE, FL 33312

FEI Number: 65-1126050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOHN, JEFFREY J  
100 SW 3RD AVENUE  
FORT LAUDERDALE, FL 33312      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JOHN, JEFFREY J  
Address: 1 ISLE OF VENICE #106  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: JOHN, JEFFREY J  
Address: 15 ISLE OF VENICE DR #8  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY J. JOHN

MGMB

07/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date