
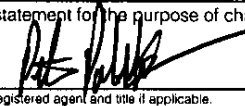


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

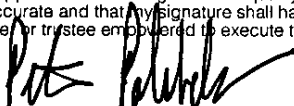
FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90036 046 ****50.00

DOCUMENT # L01000018235			
1. Entity Name FOURTH WORLD L.L.C.			
Principal Place of Business 4544 NW 2ND ST. GAINESVILLE, FL 32601		Mailing Address 1715 NW 8TH AVENUE GAINESVILLE, FL 32603 US	
2. Principal Place of Business 1511 NW 2nd St.		3. Mailing Address P.O. Box 12653	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32601 Country USA		Zip 32604 Country USA	
6. Name and Address of Current Registered Agent POLSHEK, PETER M 1715 NW 8TH AVENUE GAINESVILLE, FL, FL 32603		7. Name and Address of New Registered Agent 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 		DATE 7 Jan 2005	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLSHEK, PETER M 1715 NW 8TH AVE GAINESVILLE, FL 32603 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:



7 Jan 2005

352-317-8120

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

Date

Daytime Phone #