## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0200000136

1. Entity Name

MUNGER WORLD, L.L.C.



**FILED** Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90061 027 \*\*\*\*50.00

Principal Place	of Business	Mailing Address	-						
3942 EDEN ROC CIRCLE TAMPA FL 33634		3942 EDEN ROC CIRCLE TAMPA FL 33634			1 :00:11	ne was worden broke ûddie Nûles	1	<b>40 i k</b> i 41 <b>0 00</b> 171	18 0371 1003
2 Principal Pla	ace of Business	3. Mailing Address		<del>.</del>	_				
2. Principal Place of Business									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Numi				plied For t Applicable
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired   \$5.00 Additional Fee Required			itional 1	
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New F	legistered Ag	gent	
				Name			فكند بة فضحمات	<u> </u>	
- 3942	GER, CRAIG E EDEN ROC CIRCLE		Street		dress (P.O. Box Number is Not Acceptable)				
!AMI	PA FL 33634		.						
			-	City			FL	Zip Code	
8. The above	named entity submits this statement to one of registered agent.	for the purpose of changing i	its registered	d office or regist	ered agent, or b	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
0.00.47.105		And the Marchaelle AND	OTE: Begintered	Agent signature requi	red when reinstating)		DATE		
	Signature, typed or printed name of registered ager								
		Make Check Paya							
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNGER, CRAIG E 3942 EDEN ROC CIRCLE	☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE	TAMPA FL 33634	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	·			T ADDRESS ST-ZIP					
· CITY-ST-ZIP		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	الميت الاستطهار في الدارات	e e e e e e e e e e e e e e e e e e e	STREE	T ADDRESS ST-ZIP	ده بهرو عصب بر. یین			<b>-</b>	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	•			-	☐ Change	☐ Addition
CITY-ST-ZIP				ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					
TITLE		☐ Delete	TITLE NAME STRE	į.	· .			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			4	-ST-ZIP	Section 110 07	(3)(i) Florida Statutes	I further cer	ify that the	information

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:
SIGNATURE AND TYPED OR PRINTED

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE