2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000002193

DRUMMOND, SEAN W

WINTER PARK, FL

4560 NORTH GOLDENROD ROAD

Name:

Address:

City-St-Zip:

Entity Name: BLUWORLD INNOVATIONS, L.L.C.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5013 EDGEWATER DRIVE 635 W. MICHIGAN STREET ORLANDO, FL 32810 ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 5013 EDGEWATER DRIVE 635 W. MICHIGAN STREET ORLANDO, FL 32810 ORLANDO, FL 32805 FEI Number: 60-0002365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WEATHERFORD JR, WILLIAM P EFFRON, VICTOR M 1031 WEST MORSE BLVD., STE 105 635 W. MICHIGAN STREET WINTER PARK, FL 32789 ORLANDO, FL 32805 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: VICTOR M. EFFRON 05/01/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Delete MGR () Change () Addition EFFRON, LOUIS R Name: Name: 5013 EDGEWATER DRIVE Address: Address: ORLANDO, FL City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: EFFRON, V. MARTIN Name: Address: 4352 TIDEWATER DRIVE Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: MGR () Delete Title: () Change () Addition DRUMMOND, JAMES B Name: Name: 4560 NORTH GOLDENROD ROAD Address: Address: City-St-Zip: WINTER PARK, FL City-St-Zip: () Delete Title: MGR Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VICTOR M. EFFRON MGR 05/01/2003