2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 29 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000012001

1. Entity Name
WORLDWIDE ECONOMIC DEVELOPMENT TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
9727 N.E. 2ND AVE. MIAMI SHORES, FL 33138	6265 BISHOP PLACE RIVERDALE, GA 30296

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4/29 ★ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0601542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINANCIAL FOUNDATIONS, INC. 3160 SANDY RIDGE DR. CLEARWATER, FL 33761	Name: Terrell F. Chambers Jr. Street Address (P.O. Box Number Is Not Acceptable): 9727 N.E. 2 Ave City: Miami Shores FL Zip Code: 33138

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: T.F.Chambers Terrell F. Chambers Jr. 4-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEE, LEBARON J 6265 BISHOP PLACE RIVERDALE, GA 30296	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GILMORE, JAMES M 155 WINNSTEAD DR. LEESBURG, GA 31763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000017230220 04/29/03--01016--012 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILLER, AUNDRE L 1250 N. MASON ST. CHICAGO, IL 60651	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: JAMES MACK GILMORE 4/18/03 (229)312-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #