
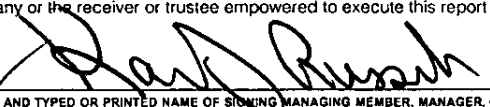


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90274 034 ***138.75

DOCUMENT # L02000022960			
1. Entity Name WORLDWIDE JET CHARTER, LLC			
Principal Place of Business - No P.O. Box # 5525 NW 15TH AVENUE 401 E LAS OLAS BLVD Ste 1400 FORT LAUDERDALE, FL 33300 33301		Mailing Address 20 NORTH ORANGE AVENUE SUITE 600 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 401 E LAS OLAS BLVD		3. Mailing Address	
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State	
Zip 33301	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO, & BROWN, P.A. 20 NORTH ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLIFFORD C. RUSSELL 2 THUNDERBOLT DR 23 Airwork St. MILLVILLE, NJ 08332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLIFFORD C. Russell 23 AIRWORK ST MILLVILLE, NJ 08332
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATHERINE J. Russell 23 Airwork St MILLVILLE, NJ 08332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATHERINE J. Russell 23 AIRWORK ST MILLVILLE, NJ 08332
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		3/14/08 800-354-4481	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60018641



02162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0726108 Applied For Not Applicable

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