2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

May 26, 2005 08:00 AM Secretary of State **DOCUMENT # L02000023678** 1. Entity Name CITYWORLD, L.L.C. Principal Place of Business Mailing Address 17100 COLLINS AVE. 17100 COLLINS AVE. #223 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 05242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 82-0582303 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE PRIBIL, JOHN 17100 COLLINS AVE. #223 IN THIS SPACE SUNNY ISLES BEACH, FL 33160 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. U00000368357 05/26/05-80005-009 50.00 MGRM TITLE PRIBIL, JOHN NAME 7000 ISLAND BLVD. 2403 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 type and accurate and that my signature shall have the same legat effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED