

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000028836

**FILED**  
**Nov 29, 2009**  
**Secretary of State****Entity Name:** WORLD OF CONCEPTS, LLC**Current Principal Place of Business:**201 S. BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 333131**New Principal Place of Business:**6499 POWERLINE RD  
SUITE 106  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**201 S. BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 333131**New Mailing Address:**6499 POWERLINE RD  
SUITE 106  
FORT LAUDERDALE, FL 33309**FEI Number:** 30-0167974**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHRISTOPHER, KOSACHUK MGRM  
201 S. BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 333131 US**Name and Address of New Registered Agent:**RAYMOND, HOULE MGRM  
6499 POWERLINE RD  
SUITE 106  
FORT LAUDERDALE, FL 33309 US

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: RAYMOND HOULE

11/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** KOSACHUK, CHRISTOPHER MGRM  
**Address:** 201 S. BISCAYNE BLVD, 28TH FLOOR  
**City-St-Zip:** MIAMI, FL 333131**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** HOULE, RAYMOND MGRM  
**Address:** 6499 POWERLINE RD SUITE 106  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: RAYMOND HOULE

MGRM

11/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date