

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012430

Entity Name: WORLDVIEW CAPITAL LLC

FILED
May 21, 2008
Secretary of State

Current Principal Place of Business:

300 SOUTH FLORIDA AVENUE
SUITE 500-E
TARPON SPRINGS, FL 34689

New Principal Place of Business:

14 CYCLAMEN COURT WEST
HOMOSASSA, FL 34446

Current Mailing Address:

300 SOUTH FLORIDA AVENUE
SUITE 500-E
TARPON SPRINGS, FL 34689

New Mailing Address:

14 CYCLAMEN COURT WEST
HOMOSASSA, FL 34446

FEI Number: 83-0355615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MICKEL, JAMES C
300 SOUTH FLORIDA AVENUE
500-E
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

MICKEL, JAMES C
14 CYCLAMEN COURT WEST
HOMOSASSA, FL 34446 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: JAMES C. MICKEL

05/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICKEL, JAMES C
Address: 300 SOUTH FLORIDA AVENUE,
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICKEL, JAMES C
Address: 14 CYCLAMEN COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

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: JAMES C. MICKEL

MGRM

05/21/2008

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