


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90225 049 ****50.00

DOCUMENT # L03000015920	
1. Entity Name WORLD CONEX, L.L.C.	

Principal Place of Business TURNBERRY PLAZA, STE 801 2875 NE 191ST ST AVENTURA, FL 33180	Mailing Address TURNBERRY PLAZA, STE 801 2875 NE 191ST ST AVENTURA, FL 33180
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2. Principal Place of Business	3. Mailing Address 3640 YACHT CLUB DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1404

City & State	City & State AVENTURA FL.
Zip	Zip 33180
Country	Country USA



01302004 Chg-LLC CR2E083 (10/03)

4. Fee Number 86-1098478		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ TURNBERRY PLAZA, STE 801 2875 NE 191ST ST AVENTURA, FL 33180		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMER, DIANA LEONOR <input type="checkbox"/> Delete TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMER, DIANA LEONOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3640 YACHT CLUB DR #1404 AVENTURA FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMIAN NUSYNKIER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3640 YACHT CLUB DR #1404 AVENTURA FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DAMIAN NUSYNKIER 3/3/04 786-553-7228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #