2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000029991 1. Entity Namé WORLD'S LARGEST, LLC						05-05-2004 90005 012 ****50.00	
Principal Place of Business 1028 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 397 N. BABCOCK STREET MELBOURNE, FL 32935 US			-	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282004 Chg-LLC CR2E083 (10/03)	
City & State			City & State			4. FEI Number Applied For Not Applicable	
Zip	Country		Zip Country		У	5. Certificate of Status Desired See Required \$5.00 Additional Fee Required	
ļ	6. Name	and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent	
BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 MELBOURNE, FL 32935					 96	eve Presnick Williard Street, Suite 302 Docoa, FL 32922	
8. The above	named entity	y submits this statement for	the purpose of changing its	registered	d office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent							
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (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	
9.	Ţ.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE	1 (1)		☐ Delete	TITLE	į	ı ange	
NAME Street address	"		es gr	NAME STREET	ADDRESSM	anager	
CITY-ST-ZIP]			CITY-S	1 0 -	i Hwan Pak	
TITLE	 		Delete	TITLE		27. NoBabcock Street & Inge Addition	
NAME	}		Delete	NAME		elbourne, FL 32935	
STREET ADDRESS					ADDRESS -	, , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP	<u> </u>			CITY-S		rown of the second of the seco	
TITLE	☐ Delete			TITLE	II	lanager Addition	
NAME STREET ADDRESS				NAME	ADDRESS M	fark Salmon	
CITY-ST-ZIP			· ·		ST-ZIP 39	97 N. Babcock Street In Indian	
TITLE	 		Delete	TITLE	——————————————————————————————————————	felbourne, Fl 32935	
NAME	ĺ			NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP	<u> </u>		·	CITY-S	ST-ZIP	· ·	
TITLE		•	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	ļ			NAME STREET	ADDRESS	·	
CITY-ST-ZIP	1		•	CITY-S	1		
TITLE	 -		☐ Delete	TITLE		Change Addition	
NAME	Ì			NAME		,	
STREET ADDRESS	. ·				ADDRESS		
CITY-ST-ZIP	cortify that the	o information supplied with	this filing does not qualify for	CITY-S	,	taction 110.07/3/(i) Florida Statutae I further partifu that the information	
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: 4/3/84							
	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						