2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# L03000042647

Entity Name: WORLD AUTO SALES LLC.

Current Principal Place of Business:

2455 MARINO DR
UNIT 9 & 10
FT MYERS, FL 33901 US

New Principal Place of Business:

2455 MARENO DR
UNIT 9 & 10
FT MYERS, FL 33901 US

Current Mailing Address:

P.O. BOX 66482
ST PETE BEACH, FL 33736 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINERT, RICHARD E
P.O. BOX 66482
ST PETE BEACH, FL 33736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	WEINERT, RICHARD E	
Address:	1920 SHERWOOD STREET	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	MGR	( ) Delete
Name:	MURAKAMI, BRUCE	
Address:	6860 GULFPORT BLVD. SUITE 249	
City-St-Zip:	ST.PETERSBURG, FL 33707	
Title:	MGRM	( ) Delete
Name:	ALES, MADALINE A	
Address:	P.O. BOX 66792	
City-St-Zip:	ST PETE BEACH, FL 33736 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MADALINE ALES MGRM 04/16/2005

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