
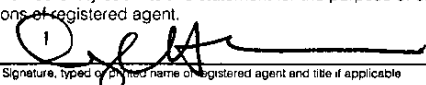
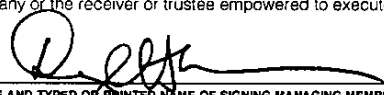


FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90206 035 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000044843			
1. Entity Name ONE WORLD RESOURCE, L.L.C.			
Principal Place of Business 2421 INAGUA AVENUE COCONUT GROVE, FL 33133 US		Mailing Address 2421 INAGUA AVENUE COCONUT GROVE, FL 33133 US	
2. Principal Place of Business - No P.O. Box # 2980 McFarlane Rd Suite, Apt. #, etc. Suite 208 City & State Coconut Grove, FL Zip 33133 Country USA		3. Mailing Address 2980 McFarlane Rd Suite, Apt. #, etc. Suite 208 City & State Coconut Grove, FL Zip 33133 Country USA	
		01032007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 90-0125222		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 OLSON, DOUGLAS H 2421 INAGUA AVENUE COCONUT DRIVE, FL 33133		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  DATE 1/3/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLSON, DOUGLAS H 2421 INAGUA AVENUE COCONUT GROVE, FL 33133 <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
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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 exemptions contained in Chapter 119, 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:  DATE 1/3/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			