


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000057029		
1. Entity Name MITCHELLINDA WORLDWIDE, L.L.C.		
Principal Place of Business 933 CASEY KEY ROAD NOKOMIS, FL 34275	Mailing Address 933 CASEY KEY ROAD NOKOMIS, FL 34275	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEON, MITCHELL A 933 CASEY KEY ROAD NOKOMIS, FL 34275		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1000000509168 04/28/06-80032-018 SD.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, MITCHELL A 933 CASEY KEY ROAD NOKOMIS, FL 34275	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, LINDA B 933 CASEY KEY ROAD NOKOMIS, FL 34275	
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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: <i>Mitchell A. Leon</i>		<i>4/11/06</i> <i>941-483-1993</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>