#### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### DOCUMENT # L04000015763

1. Entity Name WORLDSTREET, LLC



Principal Place of Business

1001 E TELCOM DR BOCA RATON, FL 33431 Mailing Address

1001 E TELCOM DR BOCA RATON, FL 33431

## **FILED** Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90027 022 \*\*\*138.75

60031525

#### DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-0810301 Not Applicable 

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

### DO NOT WRITE IN THIS SDACE

		,	TIIIO OI AOL
8. The above the obligat	named entity submits this statement for the purpose of challions of registered agent.	nging its registered office or registered agent, or l	ooth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SILVER-HONAKER DEVELOPMENT OO LLC		
STREET ADDRESS	1001 E TELECOM DR		
CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE		· · · · · · · · · · · · · · · · · · ·	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		i	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP		I DC	NOT WRITE
TITLE			

# IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA

Ishauser, CPO 4/21/08 561-981.5250