


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90182 017 ****55.00

DOCUMENT # L04000022727	
1. Entity Name PERFECT WORLD, LLC	

Principal Place of Business 10405 SW 92ND STREET MIAMI, FL 33176 US	Mailing Address 10405 SW 92ND STREET MIAMI, FL 33176 US
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2. Principal Place of Business 9460 Easter Rd.	3. Mailing Address P. O. Box 973108
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL 33157-8724	City & State Miami, FL
Zip 33157	Country
Country	Zip 33197-3108
Country	Country

20045734

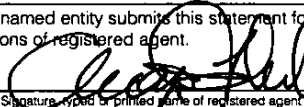


04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1875469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TODD'S ACCOUNTING SERVICES, INC. 10405 SW 92ND STREET MIAMI, FL 33176	7. Name and Address of New Registered Agent Name Todd's Accounting Services Inc Street Address (P.O. Box Number is Not Acceptable) 9460 Easter Rd. City Miami FL Zip Code 33157
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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 **4/20/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKAI, YOSHIKAZU 10405 SW 92ND STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sakai, Yoshikazu 9460 Easter Rd., Miami, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCK, TODD 10405 SW 92ND STREET MIAMI, FL 33176 <input checked="" 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
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
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
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:  **5/1/06 918-266-0497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #