## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING HEMBER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L04000040763

WORLDWIDE DEVELOPMENT GROUP, L.L.C.



**FILED** Apr 20, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1712 ARABIAN DRIVE LOXAHATCHEE, FL 33470 US P.O. BOX 716

PAHOKEE, FL 33476 US

CR2E083 (11/05)

4. FEI Number 38-3703763

Applied For Not Applicable

5. Certificate of Status Desired

01122006 No Cha-LLC

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, METRA G 1712 ARABIAN DRIVE LOXAHATCHEE, FL 33470

SIGNATURE:

## 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 Signature, typoid or printed name of registered agent and life if applicable. (NOTE, Registered Age			Lubran colentellant	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
Filing Fee is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, METRA G 1712 ARABIAN DRIVE LOXAHATCHEE, FL 33470		uon	ນາດຄະວາດຕ່າ ດ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGHES, TEDDY L 1712 ARABIAN DRIVE LOXAHATCHEE, FL 33470			000000520618 05/02/06-80098-023 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS S	PACE	
NAME STREET ADDRESS CITY-ST-ZIP					
THILE NAME STREET ADDRESS CITY-ST-ZIP					
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 inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.					