

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033630

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: SAUSA WORLDWIDE, LLC.

## Current Principal Place of Business:

12650 ALLENDALE CIR  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

690029 DANIELS PKWY STE 147  
FORT MYERS, FL 33912 US

## Current Mailing Address:

6900 DANIELS PKWY STE 29  
MB 147  
FORT MYERS, FL 33912 US

## New Mailing Address:

FEI Number: 20-2645433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAUSA, DON ARIEL E  
6900 DANIELS PKWY STE 29  
MB 147  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAUSA, DIEGO D JR  
Address: 6900 DANIELS PKWY STE 29 MB 147  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR ( ) Delete  
Name: SAUSA, DON ARIEL E  
Address: 6900 DANIELS PKWY STE 29 MB 147  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR (X) Delete  
Name: SAUSA, MARUJA E  
Address: 6900 DANIELS PKWY STE 29 MB 147  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR ( ) Delete  
Name: SAUSA, STACEY MARIE E  
Address: 6900 DANIELS PKWY STE 29 MB 147  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR ( ) Delete  
Name: SAUSA, TRISH E  
Address: 6900 DANIELS PKWY STE 29 MB 147  
City-St-Zip: FORT MYERS, FL 33912 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DON SAUSA

MGR

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date