


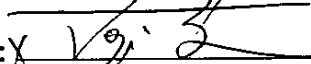


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90150 033 \*\*\*\*50.00

<b>DOCUMENT # L05000046702</b> 1. Entity Name <b>L &amp; L WORLDWIDE LLC</b>					
Principal Place of Business <b>5700 MEMORIAL HWY, STE 101 TAMPA, FL 33615</b>			Mailing Address <b>5700 MEMORIAL HWY, STE 101 TAMPA, FL 33615</b>		
2. Principal Place of Business - No P.O. Box # <b>2202 N. West Shore Blvd</b>		3. Mailing Address <b>2202 N WESTSHORE BLVD</b>			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>STE 200</b>			
City & State <b>Tampa FL</b>		City & State <b>TAMPA FL</b>			
Zip <b>33607</b>		Zip <b>33607</b>			
Country <b>USA</b>		Country <b>USA</b>		01172007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>54-2146495</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>TOPIC, BRANKICA 5700 MEMORIAL HWY, STE 101 TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2202 N WESTSHORE BLVD</b> <b>STE 200</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33607</b>		
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 <b>01/12/2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOPIC, BRANKICA 5700 MEMORIAL HWY, STE 101 TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DZEVAD, TOPIC 5700 MEMORIAL HWY SUITE 101 TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			Date <b>01/12/2007</b> 8132985524		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					