2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1.05000059042



Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required 8. Name and Address of Current Registered Agent	1. Entity Nam	HE WORLD, LLC	5 -72		04-17-2006 90032 031 ****50.00		
Suite, Apt. #, etc. Suite, Apt. #, etc.	803 W. OAKLAND PARK BLVD. A7		803 W. OAKLAND PARK BLVD. A7		A CORNECT ON ESTAL BITT BEIN COM ESTA DITAL BITC BEIN GEN GEN GEN LIEU IN 1831		
City & State Country Country Country Country Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required Street Address of New Registered Agent Name Street Address of New Registered Agent Name City Street Address of New Registered Agent Name City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. Signarus speed or pread name of registered agent agent and the chart of Registered Agent septials mounted who rendstray DAT Filling Fee is \$50.00 Due by May 1, 2006 Filling Fee is \$50.00 Due by May 1, 2006 SPEAKMAN, CHARLOTTE MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES OTY-SI-ZP TITLE MARK Chack, payable to Florida Department of State OTY-SI-ZP OTY-SI-ZP TITLE MWE STREET ADDRESS CITY-SI-ZP Delete TITLE MWE STREET ADDRESS CITY-SI-ZP TITLE Delete TITLE MWE STREET ADDRESS CITY-SI-ZP	2. Principal Place of Business		3. Mailing Address				
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SPEAKMAN, CHARLOTTE 803 W. OAKLAND PARK BLVD. A7 FT. LAUDERDALE, FL 33311 6. 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 active obligations of registered agent. SIGNATURE SQUARVE, yourd or presed name of registered agent and the fapolacible. (NOTE: Registered Agent sourced agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. Filling Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INILE NAME SIREFI ADDRESS SIREFI ADDRESS SIREFI ADDRESS CITY-ST-2P TITLE NAME SIREFI ADDRESS SIREFI ADDRESS CITY-ST-2P TITLE NAME SIREFI ADDRESS SIREFI ADDRESS CITY-ST-2P TITLE NAME SIREFI ADDRESS SIREF	Zip	Country	Zip	Country	5 Certificate of Status Desired \$5.00 Additional		
SPEAKMAN, CHARLOTTE 803 W. OAKLAND PARK BLVD. A7 FT. LAUDERDALE, FL 33311 City FL City FL Zip Code 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 femiliar with, and active obligations of registered agent. SIGNATURE Signature, typed or pried name of registered agent and the f applicable. PHIING Fee is \$50.00 Due by May 1, 2006 PHIING Fee is \$50.00 Due by May 1, 2006 PHIING Fee is \$50.00 THE NAME SPEAKMAN, CHARLOTTE SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS SIRET ADDRES		6. Name and Address of Current	Registered Agent	<u>' </u>	7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33311 City FL Zip Code 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 act the obligations of registered agent. SIGNATURE Signature, typed or preted name of registered agent and time (applicable). PATE Registered Agent segment required when revesting) DATE FILING Fee is \$50.00 Bus by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TILE MARK SPEAKMAN, CHARLOTTE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS S				Name			
### City ### Zip Code 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 act the obligations of registered agent. ### Signarus typed or prized range of registered agent and site if applicable. (NOTE: Registered Agent sequence when renestary) ### DATE ### Plining Fee is \$50.00 ### Due by May 1, 2006 ### Delete ### MGRM	803 W. OAKLAND PARK BLVD.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
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 according to the colligations of registered agent. Signature. Signature. Signature. byped or preted name of registered agent and time (application.) Pilling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MAME SIRETA ADDRESS CITY-ST-2P TITLE MAME S	FT. LAUDERDALE, FL 33311						
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P. MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS TITLE MGRM SPEAKMAN, CHARLOTTE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33311 TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature rec	equired when reinstaing) DATE		
TITLE NAME SPEAKMAN, CHARLOTTE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					Fiorida Department of State		
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TITLE 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip			

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.