2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 23, 2006 8:00 am Secretary of State

DOCUMENT # LUSUUU06/9/1 1. Entity Name WAYNE'S WORLD ENTERPRISES, LLC							03-13-2000	90239 (133	0.00
Principal Place 225 KINGSTO FT. MYERS, F	ON DRIVE	•	Mailing Address 225 KINGSTON DRIVE FT. MYERS, FL 33905			30011132 				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Numbe	185666		No.	oplied For ot Applicable		
Zip	Zip Country		Ζip	Country			of Status Desired		\$5.00 Add Fee Require	lition a l d
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered .	Agent	
CUMMINGS, WAYNE 225 KINGSTON DRIVE			<u></u>		(P.O. Box Numbe	r is Not Acceptable)	·		
FT. MYERS, FL 33905								······································		
					City			FL	Zip Cod	-
	titne bernsn e reigen to enoit	ly submits this statement for tered agent.	the purpose of changing Its	register	ed office or registe	rad agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signeours, typed	or brinded name of registered egent an	er use if applicable. (NOTE	E: Ragistore	d Agent algreture require	d when remaining)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006			-			Make check payable to Florida Department of State				
p D	iling Fee i	is \$50.00 y 1, 2006	· ,-							
9.	iling Fee	is \$50.00 y 1, 2006 MANAGING MEMBER		10.				Departm	ent of State	o
D	MGRM CUMMIN	y 1, 2006		TITU	- i		Florida	Departm	ent of State	Addition
9. TITLE HAME	MGRM CUMMING 225 KING	MANAGING MEMBER GS, WAYNE	IS/MANAGERS	TITU NAM STRE	Œ		Florida	Departm	ent of Stat	
9. TITLE MAME STREET ADDRESS GITY-ST-ZIP TITLE HAME STREET ADDRESS	MGRM CUMMING 225 KING	MANAGING MEMBER GS, WAYNE SSTON DRIVE	IS/MANAGERS	TITU NAME STREE CITY TITU NAME STREE	E ET ADORESS ST-209		Florida	Departm	ent of Stat	
9. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	MGRM CUMMING 225 KING	MANAGING MEMBER GS, WAYNE SSTON DRIVE	RS/MANAGERS Delete	TITU NAME STREE CITY TITU NAME STREE CITY TITU NAME STREE STREE	E E E E E E E E E E E E E E E E E E E		Florida	Departm	Change	Addition
9. 11TLE MAME STREET ADDRESS CITY-ST-ZIP 11TLE MAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS	MGRM CUMMING 225 KING	MANAGING MEMBER GS, WAYNE SSTON DRIVE	IS/MANAGERS Delete	TITU HAME STRE CITY	E ET ADORESS -ST-ZIP E E E ET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS		Florida	Departm	Change	Addition
9. 11TLE HAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM CUMMING 225 KING	MANAGING MEMBER GS, WAYNE SSTON DRIVE	IS/MANAGERS Oelete Delete	TITUL NAME STREET CITY TITUL NAME STREET CITY TITUL NAME STREET CITY TITUL NAME STREET CITY TITUL NAME STREET	E E E E E E E E E E E E E E E E E E E		Florida	Departm	Change	Addition Addition
9. 11TLE HAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP	MGRM CUMMINI 225 KING FT. MYER	MANAGING MEMBER GS, WAYNE SSTON DRIVE	IS/MANAGERS Delete Delete Delete	TITUL NAME STREET CITY TITUL NAME STREET STREET STREET	E ET ADORESS -ST-ZIP E E E ET ADORESS -ST-ZIP E IS E ET ADORESS -ST-ZIP E G E ET ADORESS -ST-ZIP E E G E ET ADORESS -ST-ZIP E E T ADORESS -ST-ZIP E E T ADORESS		Florida	Departm	Change Change	Addition Addition Addition

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 it made under eath; 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: X SIGNATURE AND TYPED OR PRINTED HANGE OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE 694-8225