

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083323

Entity Name: EPLI WORLDWIDE, LLC

FILED  
Aug 21, 2008  
Secretary of State

**Current Principal Place of Business:**

215 CELEBRATIONS PLACE, STE 500  
CELEBRATION, FL 34747

**New Principal Place of Business:**

1420 CELEBRATIONS PLACE, STE 200  
CELEBRATION, FL 34747

**Current Mailing Address:**

215 CELEBRATIONS PLACE, STE 500  
CELEBRATION, FL 34747

**New Mailing Address:**

1420 CELEBRATIONS PLACE, STE 200  
CELEBRATION, FL 34747

FEI Number: 20-3938760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR  
1000 LEGION PLACE STE 1700  
ORLANDO, FL 32801      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: MADDEN, JOHN T  
Address: 215 CELEBRATIONS PLACE, STE 500  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MADDEN, JOHN T  
Address: 1420 CELEBRATIONS PLACE, STE 200  
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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: JOHN T. MADDEN

MGR

08/21/2008

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