2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000088173

Entity Name: WORLD TURF LLC

Current Principal Place of Business:

17252 ALICO CENTER RD.
SUITE 1
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

17252 ALICO CENTER RD.
SUITE 1
FORT MYERS, FL 33967

New Mailing Address:

FEI Number: 56-2529800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, ROY
17252 ALICO CENTER RD.
SUITE 1
FORT MYERS, FL 33967 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:	MGRM	( ) Delete
Name:	BATES, ROY	
Address:	17252 ALICO CENTER ROAD SUITE 1	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGRM	( ) Delete
Name:	ZAKANY, GLENN	
Address:	17252 ALICO CENTER ROAD SUITE 1	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGRM	( ) Delete
Name:	CROWFORD, PAUL	
Address:	851 N LAKE WAY	
City-St-Zip:	PALM BEACH, FL 33480	

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:	

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: GLENN ZAKANY MGRM 04/30/2008

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