

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90163 031 \*\*\*\*50.00

30004004



<b>DOCUMENT # L05000116111</b> 1. Entity Name <b>SCULPTURE WORLD, LLC</b>																											
Principal Place of Business <b>3000 GULF TO BAY BOULEVARD</b> <b>600</b> <b>CLEARWATER, FL 33759</b>		Mailing Address <b>3000 GULF TO BAY BOULEVARD</b> <b>600</b> <b>CLEARWATER, FL 33759</b>																									
2. Principal Place of Business - No P.O. Box # <b>2536 Countryside Blvd</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Clearwater FL</b> Zip <b>33763</b> Country <b>USA</b>		3. Mailing Address <b>2536 Countryside Blvd</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Clearwater FL</b> Zip <b>33763</b> Country <b>USA</b>																									
4. FEI Number <b>37-0857520</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01082007 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent  <b>WILDER, MAURICE</b> <b>3000 GULF TO BAY BOULEVARD</b> <b>600</b> <b>CLEARWATER, FL 33759</b>		7. Name and Address of New Registered Agent Name <b>Wilder Maurice</b> Street Address (P.O. Box Number is Not Acceptable) <b>2536 Countryside Blvd</b> Suite <b>Suite 250</b> City <b>Clearwater, FL</b> Zip Code <b>33763</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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILDER CORPORATION OF DELAWARE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3000 GULF TO BAY BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33759</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WILDER CORPORATION OF DELAWARE		STREET ADDRESS	3000 GULF TO BAY BOULEVARD		CITY-ST-ZIP	CLEARWATER, FL 33759		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wilder Corporation of Delaware</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2536 Countryside Blvd. Suite 250</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Clearwater, FL 33763</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Wilder Corporation of Delaware		STREET ADDRESS	2536 Countryside Blvd. Suite 250		CITY-ST-ZIP	Clearwater, FL 33763	
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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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																											
SIGNATURE: <u><i>Maurice Wilder</i></u> Mgrm 4/2/07 727-799-2111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											