


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90064 005 ****50.00

DOCUMENT # L05000120033	
1. Entity Name WORLD TECH PROPERTIES, LLC	

Principal Place of Business 18056 41ST ROAD NORTH LOXAHATCHEE, FL 33470 US	Mailing Address 18056 41ST ROAD NORTH LOXAHATCHEE, FL 33470 US
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2. Principal Place of Business - No P.O. Box # 2257 SW LAWRENCE	3. Mailing Address 2257 SW LAWRENCE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02012007 Chg-LLC CR2E083 (12/06)

City & State PORT ST LUCIE, FL	City & State PORT ST LUCIE, FL
Zip 34953	Zip 34953
Country USA	Country USA

4. FEI Number 20-3219630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUTCHISON, WES R 18056 41ST ROAD NORTH LOXAHATCHEE, FL 33470	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 accept the obligations of registered agent.	
SIGNATURE <u>Wes R. Hutchison</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4/26/07</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTCHISON, WES R 18056 41ST ROAD NORTH LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WES HUTCHISON 2257 SW LAWRENCE ST. PORT ST. LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <u>Wes R. Hutchison</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <u>4/26/07</u> (561) 796-9263 Date Daytime Phone #