

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-08-2007 90113 044 ****50.00

DOCUMENT # L06000003810 1. Entity Name WORLD PROPERTIES INVESTMENT LLC			
Principal Place of Business 2918 W. GIDDENS AVENUE TAMPA FL 33614		Mailing Address 2918 W. GIDDENS AVENUE TAMPA FL 33614	
2. Principal Place of Business - No P.O. Box # 1005 W. BUSCH BLVD. Suite, Apt. #, etc. SUITE 204 City & State TAMPA, FL Zip 33612 Country USA		3. Mailing Address 1005 W. BUSCH BLVD. Suite, Apt. #, etc. SUITE 204 City & State TAMPA, FL Zip 33612 Country USA	
4. FEI Number 30-4176694 *		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE FL 32301		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEYMAYR, PABLO 2918 W. GIDDENS AVENUE TAMPA FL 33614	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERRA, GERARDO 2918 W. GIDDENS AVENUE TAMPA FL 33614	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERRA, GERARDO 2918 W. GIDDENS AVENUE TAMPA FL 33614	☐ Delete	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registered agent authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			