

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000006316  
 1. Entity Name  
 ONE WORLD MISSION, LLC



Principal Place of Business  
 3190 HYPOLUXO ROAD  
 BOYNTON BEACH, FL 33436

Mailing Address  
 3190 HYPOLUXO ROAD  
 BOYNTON BEACH, FL 33436



03132008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0759873                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MARSE, GEORGE L  
 3190 HYPOLUXO ROAD  
 BOYNTON BEACH, FL 33436

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000871312  
 04/09/08-80126-010 138.75

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HENRY, ROBERT<br>9115 CAVATINA PLACE<br>BOYNTON BEACH, FL 33437   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARSE, GEORGE L<br>4117 FLORAL DRIVE<br>BOYNTON BEACH, FL 33436   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARSE, LORI<br>4117 FLORAL DRIVE<br>BOYNTON BEACH, FL 33436       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TAYLOR, ROBERT<br>9590 LIBERTY CHURCH ROAD<br>BRENTWOOD, TN 37027 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CLIPP, RONALD<br>8416 CHATEAU DRIVE N.E.<br>ALBUQUERQUE, NM 87122 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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: *Low Marse* Date: 3/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #