

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027204

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: WORLD WIDE PROPERTIES LLC.

## Current Principal Place of Business:

1639 CAPE CORAL PARKWAY E  
208  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

1639 CAPE CORAL PARKWAY E  
208  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHOL, CARLOS E  
1945 SE 19TH LN  
CAPE CORAL, FL 33990 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: SCHOL, ALICIA C  
Address: 1945 SE 19TH LN  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM ( ) Delete  
Name: FAJARDO, DOUGLAS  
Address: 4996 SW 162 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: FAJARDO, KAREM  
Address: 4996 SW 162 AVE  
City-St-Zip: MIRAMAR, FL 33027

## 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: CARLOS SCHOL

PR

04/30/2008

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