## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Jul 11, 2007 8:00 am Secretary of State

07-11-2007 90056 001 \*\*\*100.00

Daytime Phone #

SIGNATURE

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ED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER

DOCUMENT # L06000060037 WORLDSTREET ADMINISTRATIVE SERVICES, LLC Principal Place of Business Mailing Address 1001 EAST TELECOM DRIVE 1001 EAST TELECOM DRIVE 30011661 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E083 (12/06) Applied For City & State City & State Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR-TITLE TITLE ☐ Change ☐ Addition ☐ De lete Larry D Silver NAME NAME 1001 East Telecom Drive STREET ADDRESS STREET ADDRESS Boca Raton FL 33431 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MGR NAME NAME B Judson Honaker Jr STREET ADDRESS STREET ADDRESS 1201 CentrallPark Blvde Fredericksburg VA 22401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SI-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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. 501 981 525 5/30/0