


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/4/2007-90083-020-\$50.00-\$50.00

<b>DOCUMENT # L06000071566</b> 1. Entity Name <b>WORDMINING, LLC</b>						SECRET DIVISION 07 OCT 25 PM 4:06	
Principal Place of Business <b>6410 BARCELONA ROAD</b> <b>LAND O' LAKES, FL 34637 US</b>				Mailing Address <b>6410 BARCELONA ROAD</b> <b>LAND O' LAKES, FL 34637 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number <b>20-522-3769</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07282007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent <b>MARKOVIC, NENAD</b> <b>6410 BARCELONA ROAD</b> <b>LAND O' LAKES, FL 34637</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOVIC, NENAD 6410 BARCELONA ROAD LAND O' LAKES, FL 34637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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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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		
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>Nenad Markovic</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>8/29/2007</u> <small>Daytime Phone #</small>			