2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113093

Entity Name: REFERRALS WORLD LLC

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business:

2900 NORTH 26TH AVENUE

2900 NORTH 29TH AVENUE, APT. 205 HOLLYWOOD, FL 33020 205

HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

2900 NORTH 29TH AVENUE, APT. 205 2900 NORTH 26TH AVENUE HOLLYWOOD, FL 33020 205

HOLLYWOOD, FL 33020

FEI Number: 26-1359305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition LEVKOVSKI, ALEKSANDAR LEVKOVSKI, ALEKSANDAR Name: Name:

Address: 2900 NORTH 29TH AVENUE, APT. 205 Address: 2900 NORTH 26TH AVENUE, APT. 205

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

Title: Title: (X) Change () Addition () Delete Name: LEVKOVSKI, ALEKSANDAR Name: LEVKOVSKI, ALEKSANDAR

Address: 2900 NORTH 29TH AVENUE, APT. 205 Address: 2900 NORTH 26TH AVENUE, APT. 205

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

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: ALEKSANDAR LEVKOVSKI 03/27/2008