


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

1997 JUN -3 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

|                                |   |
|--------------------------------|---|
| <b>FILING FEE</b><br>\$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |
|--------------------------------|---|

|   |                                |
|---|--------------------------------|
| 1. Name and Mailing Address<br>of Limited Liability Company | <b>DOCUMENT #</b> L94000000272 |
|---|--------------------------------|

FLORIDA WORLDWIDE CONSULTING, L.C.  
5097 LOCHWOOD COURT  
NAPLES FL 33962

1a. Principal Place of Business Address  
5097 LOCHWOOD COURT  
NAPLES FL 33962

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                |   |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation  |
| 06/09/1994                     | FL  |
| 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 65-0551872                     |   |
| 5. Date of Last Report         | 6. Certificate of Status Desired  |
| 02/12/1996                     | \$8.75 Additional Fee Required <input type="checkbox"/>                         |

|  |  |
|--|--|
| 7. Name and Address of Current Registered Agent                  |  |
| SEEMANN, ERNEST A<br>1729 DEL PRADO BLVD.<br>CAPE CORAL FL 33904 |  |

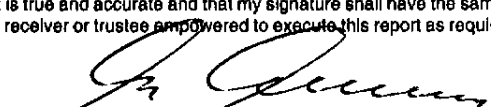
|  |  |
|--|--|
| 8. Name and Address of New Registered Agent        |  |
| Name   |  |
| Street Address (P.O. Box Number Is Not Acceptable) |  |
| Suite, Apt. #, etc.                                |  |
| City   |  |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM      | LUSZAS, MANFRED D         | 5097 LOCHWOOD CT.       | NAPLES FL                |
| MGRM      | LUSZAS, KARIN E           | 5097 LOCHWOOD CT.       | NAPLES FL                |
| MGRM      | HERZOG, UWE A             | AN DER WASSERFAHRT 18   | D-38486 KLOETZE, GERM    |
| MGRM      | HERZOG, ILONA             | AN DER WASSERFAHRT 18   | D-38486 KLOETZE, GERM    |

Mr. and Mrs. Herzog are not longer Member of the Board.  
Attached here to, please find a copy from the letter of  
Mr. Ernest Seemann, Attorney at Law.  
Please change the Member listing, and send it return.

|  |
|--|
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. |
| <b>SIGNATURE:</b>   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  |

05/30/97 (941) 7740540