2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 12, 2005 8:00 am Secretary of State ______**L9400000272** 04-12-2005 90021 042 ****50.00 FLORIDA WORLDWIDE CONSULTING, L.C. Principal Place of Business Mailing Address 6017 PINE RIDGE RD 6017 PINE RIDGE RD #116 #116 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. 02202005 0.000000 City & State City & State 4. FEI Number Applied For Not Applicable 65-0551872 Zip Country Country Zip \$5.00 00000000 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEEMANN, ERNEST A Strept Address (P.O: Box Number is Not Acceptable) 1105.CAPE.CORAL-PARKWAY-E., SUITE C -- **---CAPE CORAL, FL 33904 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LUSZAS, MANFRED D NAME STREET ADDRESS 6017 PINE RIDGE RD #116 STREET ADDRESS City-St-7IP NAPLES, FL 34119 CITY-ST-7IP MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE LUSZAS, KARIN E NAME NAME STREET ADDRESS 6017 PINE RIDGE RD #116 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chapne ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP 11. Thereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

239 - 784 - 6288 Daytime Phone #