

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90058 047 \*\*\*\*55.00

20004004



01132005No Chg-LLC CR2E083 (10/03)

DOCUMENT # L99000000349  
 1. Entity Name  
 CPM WORLDWIDE, LLC



Principal Place of Business 5200 TOWN CENTER CIRCLE, SUITE 525 BOCA RATON, FL 33486	Mailing Address 5200 TOWN CENTER CIRCLE, SUITE 525 BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0900361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 D'ANGELO, RALPH  
 5200 TOWN CENTER CIRCLE, SUITE 525  
 BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELBART, TONY B 5200 TOWN CENTER CIRCLE, SUITE 525 BOCA RATON, FL 33486
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11. I 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 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: Date: 1/21/05 Daytime Phone #: 561-395-3934