2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005406

1. Entity Name
WORLD WIDE ENGINEERING & CONSULTING, L.L.C.

FILED
01 MAR 23 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000876 AF

Principal Place of Business	Mailing Address
999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131	999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
4750 NORTHERN PACIFIC DR	4750 NORTHERN PACIFIC DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32257 Country: USA	Zip: 32257 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0947649 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLEGAS, HIRAM 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131	Name: MITCHELL D. MOONEYHAM Street Address (P.O. Box Number is Not Acceptable): 4750 NORTHERN PACIFIC DR. City: JACKSONVILLE FL Zip Code: 32257

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.

SIGNATURE: Mitchell D. Mooneyham — MITCHELL D. MOONEYHAM — 3-20-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLEGAS, HIRAM 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Robert S. JACKSON 611 CINDY COURT JACKSONVILLE, FL 32259 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER LAWRENCE B. KAYE 8016 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003930117 -03/29/01--01100--029 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ROBERT S. JACKSON Mg. Member — 3/20/2001 — 904-230-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)