


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001287 1. Entity Name WORLD CONCOURSE VENTURES, LLC	
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Principal Place of Business WORLD CONCOURSE VENTURES, LLC P.O. BOX 105443 ATLANTA, GA 30348	Mailing Address WORLD CONCOURSE VENTURES, LLC 2373 NORTH HOBART BOULEVARD LOS ANGELES, CA 90027
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07202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2553033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COCHRAN, DALE M CEO 2373 NO. HOBART BLVD. LOS ANGELES, CA 90027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UNDERWOOD, JOHN CROSSROADS CORP. CNTR. ONE INTL. BLVD. MAHWAH, NJ 07495
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, BERT ONE BATTERY PARK PLAZA NEW YORK, NY 100041462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dale Mason Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/21/05 (323) 661-3867
Date Daytime Phone #