


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90033 006 \*\*\*\*50.00

<b>DOCUMENT # M02000001485</b>	
1. Entity Name <b>MARKETING WORLDWIDE, LLC</b>	

Principal Place of Business <b>11224 LEMAN ROAD, STE. B WHITMORE LAKE, MI 48189</b>	Mailing Address <b>11224 LEMAN ROAD, STE. B WHITMORE LAKE, MI 48189</b>
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**20050345**



2. Principal Place of Business <b>2212 GRAND COMMERCE DR.</b>	3. Mailing Address <b>2212 GRAND COMMERCE DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262005 Chg-LLC CR2E083 (10/03)

City & State <b>HOWELL, MI.</b>	City & State <b>HOWELL, MI</b>
Zip <b>48855</b>	Country <b>LIVINGSTON</b>

4. FEI Number <b>30-0003942</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WINZKOWSKI, MICHAEL 3020 LEPRECHAUN LANE PALM HARBOR, FL 34683</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARVIN, JAMES 11224 LEMAN ROAD, STE. B WHITMORE LAKE, MI 48189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARVIN, JAMES 2212 GRAND COMMERCE DR. HOWELL, MI. 48855 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINZKOWSKI, MICHAEL 3020 LEPRECHAUN LANE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, GREGORY 11224 LEMAN ROAD, STE. B WHITMORE LAKE, MI 48189 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**MICHAEL WINZKOWSKI**

**4/25/05**

Date

**727-785-2117**

Daytime Phone #