2005 LIMITED LIABILITY COMPANY

FILED AM

ANNUAL REPORT .				Feb 23, 2005 08:00 A
DOCUMENT # M0400000756				Secretary of State
1. Entity Nan WORLD\	ne WIDE INVESTMENT GROUP	P, LLC		
Principal Place 221 EAST 2 CHEYENNE,		Mailing Address 221 EAST 21ST STREET CHEYENNE, WY 82001		I likkinnin ril karlı geril denir nelih kalır nelih kalır kelih kalır kelih ipana bilis eliker ile erki
			<u>· ·</u>	
DO NOT WRITE IN THIS SPACE				01262005 No Chg-LLC
			-	4. FEI Number Applied For 74-3077925 Not Applicable
			1	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		
DIEBOLD, JEAN-PIERRE 2475 BRICKELL AVENUE, STE. 2409			DO NOT WRITE	
MIAMI, FL 33129 -				IN THIS SPACE
 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 primitial name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE				
# Tanana - Anada - Ana				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBER	IS/MANAGERS	1	
TITLE NAME	MGR DIEBOLD, JEAN-PIERRE		ļ	
STREET ADDRESS	2475 BRICKELL AVENUE, STE. 2	409	}	1/2000000000
CITY-ST-ZIP TITLE	MIAMI, FL 33129	<u> </u>		U000002 39983 02/23/05-80011-020 50.00
NAME				SELECTION SECRET SEC CONCO
STREET ADDRESS CITY+ST-ZIP			1	
TITLE				1 Table 2 1 Tabl
NAME				
STREET ADDRESS CITY+ST-ZIP			ł	DO NOT WRITE
TITLE		<u> </u>		IN THIS SPACE
NAME			ł	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			<u> </u>	
TITLE]	
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE]	**

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 report of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Date

Daytime Phone #