

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004577

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** WORLD WIDE WIND DEVELOPMENT LLC

**Current Principal Place of Business:**

595 N SHORE DRIVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

595 N SHORE DRIVE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 98-0569694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JADE ASSOCIATES MIAMI, INC  
100 N. BISCAYNE BLVD - SUITE 500  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STUDER, SEBASTIAN  
Address: 595 N SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR ( ) Delete  
Name: LUGUET, ARNAUD  
Address: 595 N SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STUDER, SEBASTIEN  
Address: 595 N SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM (X) Change ( ) Addition  
Name: LUGUET, ARNAUD  
Address: 595 N SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** SEBASTIEN STUDER

MGRM

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date