	or before May 1, 1999 o to a \$ 400.00 LATE FE		l Liability Cor	npany will b	e				
LIMITE	D LIABILITY COMPANY	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State		FILED 16/16					
1999 DIVISION OF CORPORATIONS					99 JUN 16 AM 11: 36				
\$ 188.		SECKLIAKI OF GTAFE TALLAHASSEE FLORIDA							
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9900000015									
:	WORLDVIEW TRAVEL, 1210 TWELFTH LANE PALM BEACH GARDEN	1210 TWELFTH LANE PALM BEACH GARDENS FL 33418							
2 Principal Place of Business 2a. Mailir			ng Address		3. Date Organized or Qualified		3a. State	3a. State of Formation	
Suite, Apt. #, etc. Su			t. #, etc.		12/28/1998		PA	PA	
					4. FEI Number			Applied For	
City & State City 8		City & St	State		25-1784433			Not Applicable	
Zip	Country	Zıp	Coul	ntry	5. Date of Last R	leport		ate of Status Desired	
7. Name and Address of Current Registered Agent 8. Name and Address of New F								t/Office	
	RSON, GINA TWELFTH LANE	P.O. Box Number is Not Acceptable)							
PALM BEACH GARDENS FL 33418			Chibot Madrass (F		5000029111858				
			Suite, Apt. #, etc.			-06/21/9901150009 ****188.75 ****188.75			
		City			FL Zip Code				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.									
SIGNATU	RE The colored Area t Accord	DATE 5/20/99							
10. Title Managing Members/Managers			Busin		City	, State and Z	Žip Code		
MGRM	SAUNDERS, MICHAE	671 WASHINGTON ROAD			PITTSBURG PA				
MGRM	BRANDTONIES, CAR	671 WASHINGTON ROAD			PITTSBURG PA				
MGR	MEYERSON, GINA	1210 TWELFTH LANE			PALM BEACH GARDENS F				
•									
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.									

IMITERIA D (10 00)

SIGNATURE AND TYPED ON PRINTE NAME OF SIGNING MANAGING MEMBER ON MANAGEN

[late | Daylimir Phone #