

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008004

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: US EURO PARTNERS, LLC

**Current Principal Place of Business:**

5950 HAZELTINE NATIONAL DRIVE  
SUITE 515  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5950 HAZELTINE NATIONAL DRIVE  
SUITE 515  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 59-3656673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STANCHINA, WARREN J  
9655 BLANDFORD RD.  
ORLANDO, FL 32827      US

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

STANCHINA, WARREN J  
5950 HAZELTINE NATIONAL DR  
SUITE 515  
ORLANDO, FL 32822 US

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: \_\_\_\_\_ 04/26/2005  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: STANCHINA, WARREN  
Address: 9655 BLANDFORD RD.  
City-St-Zip: ORLANDO, FL 32827

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: STANCHINA, MARY L  
Address: 9655 BLANDFORD RD.  
City-St-Zip: ORLANDO, FL 32827

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY LYNN STANCHINA      MGR      04/26/2005  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date