

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011166



FILED

2003 JUN 20 AM 8:37

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. Entity Name
KINGSWAY FINANCE LTD. CO.

Principal Place of Business
**360 SOUTH SHORE DRIVE
SARASOTA, FL 34234**

Mailing Address
**360 SOUTH SHORE DRIVE
SARASOTA, FL 34234**

2. Principal Place of Business

3. Mailing Address

12260 Willow Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg #2

City & State

City & State

Camden, DE

Zip

Country

Zip

Country

19934

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

11018317199
17/03--01002--013 **700.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEMBER**
NAME **Venture Management & Research Limited**
STREET ADDRESS **Yakov Vekker on behalf of**
CITY-ST-ZIP **Venture Management & Research Limited**
35 Barrack Road

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 60B, Florida Statutes.

SIGNATURE: **Yakov Vekker**

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

3 4-28-03 302-698-0118

Case Daytime Phone #

CR2E083 (10/02)