


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # L02000011182
 1. Entity Name
 LOSTEL INVEST LTD. CO.



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

Mailing Address
 12260 WILLOW GROVE RD., BLDG. #2
 CAMDEN, DE 19934

2. Principal Place of Business
 35 Barrack Rd.

3. Mailing Address
 1220 N. Market St.
 Ste. 808

City & State
 Belize City

City & State
 Wilmington, DE

Zip
 Country

Zip
 Country

04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLETCHER, W. RICK
 360 SOUTH SHORE DRIVE
 SARASOTA, FL 34234

7. Name and Address of New Registered Agent
 Name
 Florida Filing & Search Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1333 N. Duval St.
 City Tallahassee FL Zip Code 32302

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]* *[Signature]* *[Signature]* DATE 4-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	VENTURE MANAGEMENT & RESEARCH LIMITED	35 BARRACK RD.	BELIZE CITY, BELIZE C.A.,	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: *[Signature]* Janet M. Caruccio 4-21-05 302-421-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #