


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011182

1. Entity Name
LOSTEL INVEST LTD. CO.



FILED
2003 JUN 20 AM 8:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
12260 Willow Grove Rd.
Suite, Apt. #, etc.
Bldg # 2

CHECK HERE IF MAKING CHANGES

City & State
Camden, DE

Zip
19934

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

00018317073
7/03--01002--013 **700.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	Venture Management + Research Limited	TITLE	Yakov Vekker on behalf of Venture Management + Research Limited
NAME	Yakov Vekker	NAME	
STREET ADDRESS	35 Barrack Rd	STREET ADDRESS	
CITY-ST-ZIP	Belize City, Belize C.A.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Yakov Vekker 4-29-03 302-698-9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #