

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013800

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: EXPATRIATE RELOCATION LLC

**Current Principal Place of Business:**

C/O F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

C/O F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 01-0711132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS  
ATTN: F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRIME, MICHAEL D  
Address: BRERETON HOUSE, MILL LANE, BRERETON,  
City-St-Zip: CHESHIRE, UK CW4 8AU

Title: MGRM ( ) Delete  
Name: GRIME, VALERIE J  
Address: BRERETON HOUSE, MILL LANE, BRERETON,  
City-St-Zip: CHESHIRE, UK CW4 8AU

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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: VALERIE J GRIME

MRS

03/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date