

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015342

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: SECTIO AUREA INVESTMENT LLC

**Current Principal Place of Business:**

8 KENNEDY AVE., 1ST FL, 1087 NICOSIA  
PO BOX 26557  
CY-1640 NICOSIA, CYPRUS, XX

**New Principal Place of Business:**

8 KENNEDY AVE., 1ST FL, 1087 NICOSIA  
PO BOX 26557  
CY-1640 NICOSIA, CYPRUS, CY 1640 CY

**Current Mailing Address:**

8 KENNEDY AVE., 1ST FL, 1087 NICOSIA  
PO BOX 26557  
CY-1640 NICOSIA, CYPRUS, XX

**New Mailing Address:**

8 KENNEDY AVE., 1ST FL, 1087 NICOSIA  
PO BOX 26557  
CY-1640 NICOSIA, CYPRUS, CY 1640 CY

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: ELLINAS, ANDREAS  
Address: 8 KENNEDY AVE., 1ST FL, 1087 NICOSIA  
City-St-Zip: CY-1640 NICOSIA, CYPRUS,

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ELLINAS, ANDREAS MGR  
Address: 8 KENNEDY AVE., 1ST FL, 1087 NICOSIA  
City-St-Zip: NICOSIA, CY 1640 CY

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: ANDREAS ELLINAS

MGR

04/07/2005

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