


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90195 015 ****50.00

DOCUMENT # L00000003786	
1. Entity Name REDINC INTERNATIONAL, S.A. - U.S.A., L.L.C.	

Principal Place of Business 2097 N. WATSEEDGE DRIVE CRYSTAL RIVER FL 34429	Mailing Address P.O. BOX 250 INVERNESS FL 34451
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2. Principal Place of Business	3. Mailing Address 2097 N. WATSEEDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State CRYSTAL RIVER, FL
Zip 34429	Country USA



MOORE CR2E083 (11/03)

4. FEI Number 04-3613780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STILLWELL, CLARK A 320 HIGHWAY 41 SOUTH INVERNESS FL 34451	
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!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TANNER, MARGLEN 2097 N. WATSEEDGE DRIVE CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marglen Tanner, Mgr 2-7-04 (352) 220-3213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #