
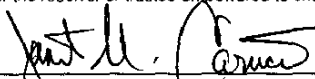


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90458 001 ***250.00

DOCUMENT # L00000014394					
1. Entity Name EXPERT MONITOR LIMITED LIABILITY COMPANY					
Principal Place of Business 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302			Mailing Address 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302		
2. Principal Place of Business The Belize Bank Limited Suite, Apt. #, etc. 60 Market Square, POBox 364 City & State Belize City Zip Country Belize			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302			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) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALMORAL MANAGEMENT LLC 1030 15TH ST. NW WASHINGTON, DC 20005	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JURA MANAGEMENT LIMITED The Belize Bank Limited, 60 Market Square, POBox 364, Belize City, Belize	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Janet M. Caruccio Auth. Rep.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-20-04		Daytime Phone # 302-421-5750