


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT #</b> L02000001017	
<b>1. Entity Name</b> ISTON LINE LTD. CO.	

<b>Principal Place of Business</b> 360 SOUTH SHORE DRIVE SARASOTA, FL 34234	<b>Mailing Address</b> 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934
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<b>2. Principal Place of Business</b> 35 Barrack Road Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1220 N. Market St. Suite 808
<b>City &amp; State</b> Belize City	<b>City &amp; State</b> Wilmington, DE
<b>Zip</b> Country Belize	<b>Zip</b> Country 19801



03312005 Chg-LLC CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b> FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234	<b>7. Name and Address of New Registered Agent</b> Name Florida Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1333 N. Duval St. City Tallahassee FL Zip Code 32302
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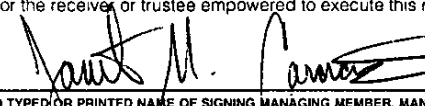
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4-22-05  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERNATIONAL CONSULTING SERVICES LIMITED 35 BARRACK ROAD BELIZE CITY, C.A., <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	900051662869 04/22/05--01052--023 **1850.00 <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** 4-11-05 302-461-5752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #