


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000004044

1. Entity Name
 WILTON LINE LTD. CO.



Principal Place of Business
 360 SOUTH SHORE DRIVE
 SARASOTA, FL 34234

Mailing Address
 12260 WILLOW GROVE RD
 BLDG #2
 CAMDEN, DE 19934

BSK

2. Principal Place of Business
 35 Barrack rd.

3. Mailing Address
 1220 n. market st.

Suite, Apt. #, etc.
 Suite 808

City & State
 Belize City

Country
 Belize

Zip
 19801

City & State
 Wilmington, DE

Country

03312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 NOT APPLICABLE

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
 360 SOUTH SHORE DRIVE
 SARASOTA, FL 34234

7. Name and Address of New Registered Agent

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

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: *[Signature]* DATE: 4-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENTURE MANAGEMENT AND RESEARCH LIMITED 35 BARRACK ROAD BELIZE CITY, BELIZE, C.A.,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
200051661842 04/22/05--01052--023 **1850.00		
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* *Janet M. Caruccio* DATE: 4-21-05 DAYTIME PHONE #: 302-421-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE