

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000004048

1. Entity Name
 SOMERTON TRADE LTD. CO.



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

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

BK

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2. Principal Place of Business
 35 Barrack Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 1220 N. Market St.
 Suite, Apt. #, etc.
 Ste. 808

04212005 Chg-LLC CR2E083 (10/03)

City & State
 Belize City
 Zip Country

City & State
 Wilmington, DE
 Zip Country

4. FEI Number
 NOT APPLICABLE
 Applied For
 Not Applicable

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

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 *R.D. Hodge*

President

4-22-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME MGRM Delete
 STREET ADDRESS VENTURE MANAGEMENT AND RESEARCH LIMITED
 CITY-ST-ZIP 35 BARRACK ROAD
 BELIZE CITY, BELIZE, C.A.,

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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: *[Signature]*

Janet M. Casuccio

4-21-05

302-421-5752

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

Date

Daytime Phone #