2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000011168

1. Entity Name
SENTO LINE LTD. CO.

Principal Place of Business	Mailing Address
360 SOUTH SHORE DRIVE SARASOTA, FL 34234	12260 WILLOW GROVE RD., BLDG. #2 CAMDEN, DE 19934

04212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
35 Barrack Rd.	1220 N. Market St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. 808
City & State: Belize City	City & State: Wilmington, DE
Zip: — Country: Belize	Zip: 19801 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: [signature] Pres. — 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		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VENTURE MANAGEMENT & RESEARCH LIMITED	NAME	
STREET ADDRESS	35 BARRACK RD.	STREET ADDRESS	600051661496
CITY-ST-ZIP	BELIZE CITY, BELIZE C.A.,	CITY-ST-ZIP	04/22/05--01052--023 **1850.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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. Carucci — 4-21-05 — 302-421-5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #