2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011182

1. Entity Name
LOSTEL INVEST LTD. CO.

FILED
2003 JUN 20 AM 8:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Bldg # 2
City & State	City & State Camden, DE
Zip / Country	Zip 19934 / Country USA

4. FEI Number: Applied For ☐ / Not Applicable ☑

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

100183170 73
7/03--01002--013 **700.00

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE MGRM ☐ Delete NAME Venture Management + Research Limited STREET ADDRESS Yakov Vekker on behalf of Venture Management + Research Limited CITY-ST-ZIP 35 Barrack Rd Belize City, Belize C.A.	TITLE ☐ Change ☐ Addition NAME 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: Yakov Vekker 4-28-03 302-698-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)