2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

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Entity Name: EXPATRIATE RELOCATION LLC

Current Principal Place of Business:

C/O F. THOMAS HOPKINS
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

C/O F. THOMAS HOPKINS
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 01-0711132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS
ATTN; F. THOMAS HOPKINS
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GRIME, MICHAEL D
Address: BRERETON HOUSE, MILL LANE
City-St-Zip: CHESHIRE, UK CW48AU

Title: MGRM ( ) Delete
Name: GRIM, VALERIE J
Address: BRERETON HOUSE, MILL LANE
City-St-Zip: CHESHIRE, UK CW48AU

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRIME, MICHAEL D
Address: BRERETON HOUSE, MILL LANE
City-St-Zip: CHESHIRE, UK CW4 8AU

Title: MGRM (X) Change ( ) Addition
Name: GRIME, VALERIE J
Address: BRERETON HOUSE, MILL LANE
City-St-Zip: CHESHIRE, UK CW4 8AU

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VALERIE J GRIME MRS 01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date