



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000016032 1. Entity Name INDEPENDENT CONSULTING NETWORK-EASTERN DIVISION LTD. CO.			
Principal Place of Business 360 SOUTH SHORE DRIVE SARASOTA, FL 34234		Mailing Address 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934	
2. Principal Place of Business 20 Maidstone Rd. Suite, Apt. #, etc. Borough Green City & State Sevenoaks, Kent Zip Country UK		3. Mailing Address 1220 N. Market St. Suite, Apt. #, etc. Ste. 808 City & State Wilmington, DE Zip 19801 Country	
			
		04212005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number NOT APPLICABLE	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-22-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MARTIN PARKER	NAME	
STREET ADDRESS	20 MAIDSTONE ROAD, BOROUGH GREEN	STREET ADDRESS	
CITY-ST-ZIP	SEVENOAKS, KENT, UK,	CITY-ST-ZIP	800051661478 04/22/05--01052--023 **1850.00
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<i>Jared M. Caruccio</i> 4-21-05 302 421-5752 <small>Date Daytime Phone #</small>	