

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L02000020282</b> 1. Entity Name <b>VITO COMMERCE LTD. CO.</b>			
Principal Place <b>360 SOUTH SHORE DRIVE SARASOTA, FL 34234</b>		Mailing Address <b>12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934</b>	
2. Principal Place of Business <b>35 Barr Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1220 N. Market St.</b> Suite, Apt. #, etc. <b>Ste 808</b>	
City & State <b>Belize</b> Zip		City & State <b>Wilmington, DE</b> Zip <b>19801</b> Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03312005 Chg-LLC CR2E083 (10/03)	
6. Address of Current Registered Agent <b>FLETCHER, W. R. 360 SOUTH SHORE DRIVE SARASOTA, FL 34234</b>		7. Name and Address of New Registered Agent <b>Florida Filing &amp; Search Services Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1333 N. Duval St.</b> City <b>Tallahassee</b> FL Zip Code <b>32302</b>	
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 <b>[Signature]</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4.22.05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MAOR, ADI 35 BARRACK ROAD BELIZE CITY, BELIZE,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE</b> <b>[Signature]</b> <small>OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>4-21-05</b> Daytime Phone # <b>302-421-5752</b>	