

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000002665

1. Entity Name  
ROXTON FINANCE LTD. CO.



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

Mailing Address  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234

2. Principal Place of Business  
35 Barrack Rd.

Suite, Apt. #, etc.

3. Mailing Address  
1220 N. Market St.

Suite, Apt. #, etc.

Ste. 808

City & State  
Belize City

Zip

Country  
Belize

City & State  
Wilmington, DE

Zip

19801

Country

04212005 Chg-LLC CR2E083 (10/03)

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 *Rick Fletcher* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-05

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZINGAUS, ALEX	
STREET ADDRESS	35 BARRACK DRIVE	
CITY-ST-ZIP	BELIZE CITY, CA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300051661593	
CITY-ST-ZIP	04/22/05--01052--023 **1850.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: *Sanet M. Carnuccio* 4-21-05 302-421-5752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #