


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90068 032 ****50.00

DOCUMENT # L03000005811	
1. Entity Name LITTLESOT, L.L.C.	

Principal Place of Business ECCLESTON PADDOCKS, ECCLESTON, CHESTER CCH4 9HP UNITED KINGDOM,	Mailing Address ECCLESTON PADDOCKS, ECCLESTON, CHESTER CCH4 9HP UNITED KINGDOM,
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2. Principal Place of Business 134 BOUGHTON	3. Mailing Address 134 BOUGHTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CHESTER	City & State CHESTER
Zip CH3 5BP	Country UK
Zip CH3 5BP	Country UK



01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 98-0420960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CONROY, J. THOMAS III 2640 GOLDEN GATE PARKWAY, SUITE 115 NAPLES, FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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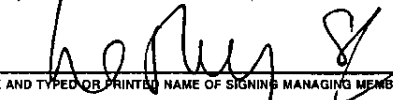
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANANOUGHT, LESLEY JANE ECCLESTON PADDOCKS, ECCLESTON, CHESTER UNITED KINGDOM, <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	MGRM JAMES CHRISTOPHER MEREDITH DAVIES 36 CROFT DRIVE EAST, CALDY WIRRAL CH48 2JR UNITED KINGDOM, <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
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

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:  **3. 20. 04** **011441244322244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #