


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90040 013 ****50.00

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(L03000013125C)

DOCUMENT # L03000013125 1. Entity Name ALDEA INTERNATIONAL LLC			
Principal Place of Business 4360 NORTHLAKE BLVD. SUITE 203 PALM BEACH GARDENS, FL 33410		Mailing Address 4360 NORTHLAKE BLVD. SUITE 203 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 4966 BONSAI CIRCLE		3. Mailing Address 4966 BONSAI CIRCLE	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33418	Country US	Zip 33418	Country US
6. Name and Address of Current Registered Agent SZYC, JACEK 4360 NORTHLAKE BLVD. SUITE 203 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4966 BONSAI CIRCLE, SUITE 200 City PALM BEACH GARDENS <div style="float: right;"> FL Zip Code 33418 </div>	
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 <u><i>Jacek Szyk</i></u> DATE <u><i>4/20/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (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 NAME SZYC, JACEK <input type="checkbox"/> Delete STREET ADDRESS 4360 NORTHLAKE BLVD #203 CITY- ST- ZIP PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS 4966 BONSAI CIRCLE, SUITE 200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP PALM BEACH GARDENS, FL 33418		
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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: <u><i>Jacek Szyk</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u><i>4/20/05</i></u> 561-627-4737 <small>Date Daytime Phone</small>	