


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000037470	
1. Entity Name KENTOL INVEST LTD. CO.	

Principal Place of Business 360 SOUTH SHORE DR. SARASOTA, FL 34234	Mailing Address 360 SOUTH SHORE DR. SARASOTA, FL 34234
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2. Principal Place of Business 35 Barrack Rd. Suite, Apt. #, etc.	3. Mailing Address 1220 N. Market St. Suite 808
City & State Belize City	City & State Wilmington, DE
Zip Country Belize	Zip Country 19801

04212005	Chg-LLC	CR2E083 (10/03)
4. FEI Number NOT APPLICABLE	Applied For 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 DR. SARASOTA, FL 34234
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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>W. R. Rick</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4.22.05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERNATIONAL CONSULTING SERVICES LIMITED 35 BARRACK RD. BELIZE CITY, BELIZE, C.A., <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400051661824 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/22/05--01052--023 **1850.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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: <i>Janet M. Caruccio</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 4-21-05 DAYTIME PHONE #: 302-421-5752