


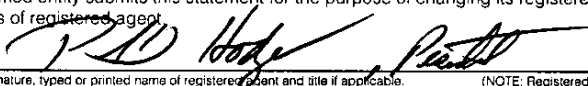
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000037475			
1. Entity Name SAVEX LINE LTD. CO.			
Principal Place of Business 360 SOUTH SHORE DR. SARASOTA, FL 34234		Mailing Address 360 SOUTH SHORE DR. SARASOTA, FL 34234	
2. Principal Place of Business 35 Barrack Rd. Suite, Apt. #, etc.		3. Mailing Address 1220 N. Market St. Suite, Apt. #, etc.	
City & State Belize City Zip Country Belize		City & State Wilmington, DE Zip 19801 Country	




03312005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DR. 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 		DATE 4-22-05	

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		10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200051662262 04/22/05--01052--023 **1850.00 <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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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: 	Janet M. Caruccio	4-21-05	302-421-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #