

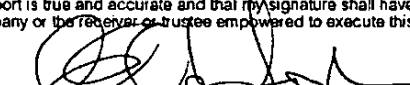


**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

30006677

<b>DOCUMENT # L04000080776</b>				Secretary of State 04-27-2005 90021 020 ****50.00	
1. Entity Name <b>LONDON INTERGLOBAL LLC</b>					
Principal Place of Business <b>50 WEST MASHTA DRIVE, STE. 4 KEY BISCAVNE FL 33149</b>		Mailing Address <b>50 WEST MASHTA DRIVE, STE. 4 KEY BISCAVNE FL 33149</b>		<b>30006677</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)	
City & State		City & State		4. FEI Number <b>Applied for</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROBERTS, NORMAN T 50 WEST MASHTA DRIVE, STE. 4 KEY BISCAVNE FL 33149</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDON, VICTORIA		NAME		
STREET ADDRESS	641 S. MASHTA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	KEY BISCAVNE FL 33149		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDON, I. EDWARD		NAME		
STREET ADDRESS	50 WEST MASHTA DRIVE, STE. 4		STREET ADDRESS		
CITY- ST- ZIP	KEY BISCAVNE FL 33149		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 			4/12/05 305-962-0313		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Devine Phone #		