
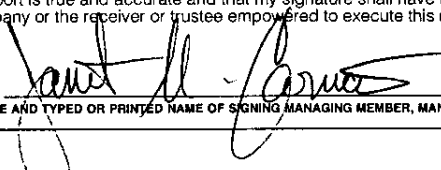


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L97000000839</b> 1. Entity Name <b>PELSO LC</b>			
Principal Place of Business <b>1333 N DUVAL ST TALLAHASSEE, FL 32302</b>		Mailing Address <b>1333 N DUVAL ST TALLAHASSEE, FL 32302</b>	
2. Principal Place of Business <b>Crystal Offices</b> Suite, Apt., etc. <b>OT Center</b>		3. Mailing Address Suite, Apt. #, etc. 	
City & State <b>Victoria, Mahe</b>		City & State 	
Zip 		Country <b>Seychelles</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>FLORIDA FILING &amp; SEARCH SERVICES, INC. 1333 N DUVAL ST. TALLAHASSEE, FL 32302</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KENSINGTON MANAGEMENT LIMITED CRYSTAL OFFICE, OT CENTRE VICTORIA, SEYCHELLES,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>200032083682</b>  <b>04/07/04--01015--003 **1200.00</b> </div> <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.			
<b>SIGNATURE:</b> 		<b>Janet M. Caruccio</b> Auth. Rep.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3-22-04</b>	Daytime Phone # <b>302-421-5750</b>

**FILED**  
**2004 MAR 25 PM 12:49**  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

