2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2006 08:00 AM Secretary of State DOCUMENT # L97000000839 1. Entity Name PELSO LC Mailing Address Principal Place of Business 1333 N DUVAL ST CRYSTAL OFFICES OT CENTER TALLAHASSEE, FL 32302 VICTORIA, MAHE SEYCHELLES. 04062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number **NOT APPLICABLE** Not Applicat \$5,00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. DO NOT WRITE 1333 N DUVAL ST. TALLAHASSEE, FL 32302 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MILE KENSINGTON MANAGEMENT LIMITED NAME STREET ADDRESS CRYSTAL OFFICE, OT CENTRE CITY-ST-ZIP VICTORIA, SEYCHELLES, U00000518728 05/02/06-80024-003 950.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ASIORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I turther 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Il. Jam

Janet M. Caruccio

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FILED

302-421-5750