

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAR 25 PM 12:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DOCUMENT # L97000000881 1. Entity Name PAPER TRADE SERVICE LC					
Principal Place of Business 1333 N DUVAL ST. TALLAHASSEE, FL 32302			Mailing Address 1333 N DUVAL ST. TALLAHASSEE, FL 32302		
2. Principal Place of Business <i>Crystal Offices</i> Suite, Apt. #, etc. <i>OT Center</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Victoria, Mahe</i>		City & State			
Zip <i>Seychelles</i>	Country <i>Seychelles</i>	Zip	Country		
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32302			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete KENSINGTON MANAGEMENT LIMITED CRYSTAL OFFICE, OT CENTRE VICTORIA, SEYCHELLES.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">100032083771</div> <div style="font-size: 0.8em;">04/07/04--01015--003 **1200.00</div>	
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>[Signature]</i> Janet M. Caruccio AUTH. rep.			3-22-04 302-421-8750 Date Daytime Phone #		