

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAR 25 PM 12:10

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



03222004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L97000001337</b> 1. Entity Name <b>BOND EUROPEAN 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>North East Point</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Victoria, Mahe</b> Zip		City & State Zip		4. FEI Number <b>NOT APPLICABLE</b>	
Country <b>Seychelles</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLORIDA FILING &amp; SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32302</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 reinstating) DATE _____					
<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 LESPERANCE, ANNE NORTH EAST POINT MAHE, SEYCHELLES,</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300032084333 04/07/04--01015--003 **1200.00</b>	
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	
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	
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	
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	
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	
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. <b>3-22-04</b> <b>302-421-5750</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		