2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000001337

1. Entity Name BOND EUROPEAN LC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

NORTH EAST POINT VICTORIA, MAHE SEYCHELLES,

Mailing Address 1333 N DUVAL ST TALLAHASSEE, FL 32302

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90173 001 *1,000.00

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04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

\$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32302

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESPERANCE, ANNE NORTH EAST POINT MAHE, SEYCHELLES,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE
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TITLE 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 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.			

Janet M.

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

arnecio

4-21-05

302 <u>-421-57</u>50

Daytime Phone #