

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAR 25 PM 12:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



03222004 Chg-LLC CR2E083 (10/03)

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| DOCUMENT # L98000000288 | |
| 1. Entity Name ISH LLC | |



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| Principal Place of Business 1333 N DUVAL ST TALLAHASSEE, FL 32302 | Mailing Address 1333 N DUVAL ST TALLAHASSEE, FL 32302 |
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| 2. Principal Place of Business <i>Crystal Offices</i> | 3. Mailing Address |
| Suite, Apt. #, etc. <i>OT Center</i> | Suite, Apt. #, etc. |
| City & State <i>Victoria, Mahe</i> | City & State |
| Zip <i>Seychelles</i> | Country |

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| 6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32302 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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 KENSINGTON MANAGEMENT LIMITED CRYSTAL OFFICE, OT CENTRE VICTORIA, SEYCHELLES, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800032083888 04/07/04--01015--003 **1200.00 |
| 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. | |
| SIGNATURE: <i>Janet M. Caruccio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Auth. rep. 3-22-04 302-421-5750 <small>Date Daytime Phone #</small> |