

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000288

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ISH LLC

**Current Principal Place of Business:**

CRYSTAL OFFICES  
OT CENTER  
VICTORIA, MAHE SEYCHELLES, XX 0000

**New Principal Place of Business:**

CRYSTAL OFFICES  
OT CENTER  
VICTORIA, MAHE SEYCHELLES, XX 0000 XX

**Current Mailing Address:**

1220 N. MARKET STREET  
SUITE 804  
WILMINGTON, DE 19801

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KENSINGTON MANAGEMENT LIMITED  
Address: CRYSTAL OFFICE, OT CENTRE  
City-St-Zip: VICTORIA, SEYCHELLES,

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KENSINGTON MANAGEMENT LIMITED  
Address: CRYSTAL OFFICE, OT CENTRE  
City-St-Zip: VICTORIA, SEYCHELLES, SY 00000 XX

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENSINGTON MANAGEMENT LIMITED MGR 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date