2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000000395

1. Entity Name
DOYLE EUROPEAN LC



Principal Place of Business

CRYSTAL OFFICES

OT CENTER 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

30004471



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional 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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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I	am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	D/	ATE
Filing Foo is \$50.00			

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KENSINGTON MANAGMENT LIMITED
STREET ADDRESS	CRYSTAL OFFICE, OT CENTRE
CITY-ST-ZIP	VICTORIA, SEYCHELLES,
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 Thereby (certify that the information supplied with this filling does not qualify for the ex-

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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: XX

RINTED NAME OF PRONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Janet M. Caruccio 4-21-05

302-421-5750

ale

Daytime Phone #