2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002813

1. Entity Name
GRANTHAM INTERNATIONAL LC

FILED
2004 MAR 25 PM 12:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1333 N DUVAL ST TALLAHASSEE, FL 32302	1333 N DUVAL ST TALLAHASSEE, FL 32302

2. Principal Place of Business		3. Mailing Address	
Crystal Offices			
Suite, Apt. #, etc.: OT Center		Suite, Apt. #, etc.	
City & State: Victoria, Mahe		City & State	
Zip	Country: Seychelles	Zip	Country

03222004 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	7. Name and Address of New Registered Agent
FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST. TALLAHASSEE, FL 32302	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKATSA, DEBRA GRACE ENGLISH RIVER VICTORIA MAHE SEYCHELLES,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kensington Management Ltd. Crystal Offices, OT Center Victoria, Mahe, Seychelles	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATH, NATALIE ANSE BOILEAU MAHE SEYCHELLES,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100032084011 04/07/04--01015--003 **1200.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] Janet M. Caruccio Auth. rep 3-22-04 302-421-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #