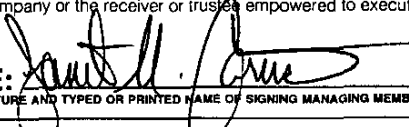


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2005 90173 001 *1,000.00

DOCUMENT # L99000002813					
1. Entity Name GRANTHAM INTERNATIONAL LC					
Principal Place of Business CRYSTAL OFFICES OT CENTER VICTORIA, MAHE SEYCHELLES,			Mailing Address 1333 N DUVAL ST TALLAHASSEE, FL 32302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202005 Chg-LLC CR2E083 (10/03)	
4. FEI Number				Applied For	
NOT APPLICABLE				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		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 Kinsington Management Limited Crystal Office, OT centre victoria, 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		☐ 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)(l), 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: 			Janet M. Caruccio		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-21-05 302-421-5750 Date Daytime Phone #		