

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAR 25 PM 12:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



03222004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L99000003733 1. Entity Name IGO INTERNATIONAL GROUP ORGANIZATION LC					
Principal Place of Business 1333 N DUVAL ST TALLAHASSEE, FL 32302			Mailing Address 1333 N DUVAL ST TALLAHASSEE, FL 32302		
2. Principal Place of Business <i>North East Point</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Victoria, Mahe</i> Zip		City & State Zip		4. FEI Number NOT APPLICABLE	
Country <i>Seychelles</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 LESPERANCE, ANNE NORTH EAST POINT MAHE, SEYCHELLES,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">100032083931</div> <div style="text-align: center;">04/07/04--01015--003 **1200.00</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Janet M. Caruccio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Auth. rep		Date <i>3-22-04</i> Daytime Phone # <i>302-421-5750</i>	