APR-28-2005 16:15 HODGSON RUSS LLP

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90056 012 ****50.00

DOCUMENT # L99000005126

1. Entity Name
ISCO TRAVEL SERVICES-U.S.A., L.L.C.

Principal Place of Business
3363 W. COMMERCIAL BLVD., STE ~~202~~ 201-A
FORT LAUDERDALE, FL 33309

Mailing Address
~~% JENNIFER C. FINCH~~ 3363 W. COMM. BLVD.
~~426 NW 25TH ST.~~ SUITE 201-A
~~GAINESVILLE, FL 32607~~ FORT LAUDERDALE, FLA. 33309-2001

04282005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0940711

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, DAVID FRAME
3363 WEST COMMERCIAL BLVD., SUITE ~~202~~ 201-A
FORT LAUDERDALE, FL 33309

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WRIGHT, DAVID FRAME
STREET ADDRESS	3363 W. COMMERCIAL BLVD., STE ~~202~~ 201-A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: David F. Wright April 28, 05 954-736-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #