


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90004 034 \*\*\*\*50.00

**DOCUMENT # M03000003486**

1. Entity Name  
**INSTONE INTERNATIONAL AMERICAS, L.L.C.**



Principal Place of Business  
**3646 GREENBRAR DR.  
 HOUSTON, TX 77098**

Mailing Address  
**3646 GREENBRAR DR.  
 HOUSTON, TX 77098**

**24082967**

2. Principal Place of Business  
**3646 GREENBRIAR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3646 GREENBRIAR**  
 Suite, Apt. #, etc.



08282004 Chg-LLC CR2E083 (10/03)

City & State  
**HOUSTON, TX**

City & State  
**HOUSTON, TX**

Zip  
**77098** Country

Zip  
**77098** Country

4. FEI Number  
**76-0734088**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEST, PAM**  
**155 SOUTH MIAMI AVE., PENTHOUSE 2**  
**MIAMI, FL 33130**

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WESTENDARP, ROBERT</b> <b>3646 GREENBRIAR DR.</b> <b>HOUSTON, TX 77098</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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
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

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:** ROBERT WESTENDARP **8/29/04** **7135351440**

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