

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90073 025 ****50.00

DOCUMENT # M05000000332					
1. Entity Name LUCTOR INTERNATIONAL, L.L.C.					
Principal Place of Business 9635-A GATEWAY DRIVE RENO, NV 89511			Mailing Address 9635-A GATEWAY DRIVE RENO, NV 89511		
2. Principal Place of Business 6520 Pinecastle Blvd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6520 Pinecastle Blvd. <small>Suite, Apt. #, etc.</small>			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 33-0880585 88-0880585	
Zip 32809-6681		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name David H van de Velde Street Address (P.O. Box Number is Not Acceptable) 6520 Pinecastle Blvd. City Orlando FL Zip Code 32809-6681		
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 <u>David H van de Velde, Manager</u> 1/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE</small>					
Filing Fee Is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN DE VELDE, DAVID H 9635-A GATEWAY DRIVE RENO, NV 89511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager David H van de Velde 6520 Pinecastle Blvd. Orlando FL 32809-6681
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN DE VELDE, DORLE 9635-A GATEWAY DRIVE RENO, NV 89511	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIRKZWAGER, CEES 3111 PE, SCHIEDAM-NOORDVEST 23 NETHERLANDS,	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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 806, Florida Statutes.					
SIGNATURE: David H van de Velde, Manager					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				407-812-8571 Date <u>1-17-06</u> Daytime Phone # <u>8a</u>	