

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90070 032 ****50.00

DOCUMENT # M96000000235



1. Entity Name
INTERNATIONAL RESOLUTIONS L.L.C.

Principal Place of Business Mailing Address
7901 4TH STREET NORTH, SUITE 203 7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702

24057563



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
59-3381104 Not Applicable

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

6. Name and Address of Current Registered Agent
BALKAN, THOMAS J
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG, FL 33702

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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALL, KARL J <input type="checkbox"/> Delete 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, JOSEPH W <input type="checkbox"/> Delete 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM READ, WAYNE A JR. <input type="checkbox"/> Delete 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINKING, LINDA L <input type="checkbox"/> Delete 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALKAN, THOMAS J <input type="checkbox"/> Delete 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND, EDWARD J <input type="checkbox"/> Delete 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33702

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD M. NEWTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7901 4th Street North Suite 200 ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD C. RYAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7901 4th Street North Suite 200 ST. PETERSBURG, FL 33702
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
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: Richard C. Ryan Controller Date: 04/23/04 Daytime Phone #: 727-577-3771