08-31-2004 90002 050 ***550.00
P25487

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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04 SEP -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07082004 Chg-P CR2E034 (10/03)

DOCUMENT # P25487

1. Entity Name
MERRILL LYNCH BANK AND TRUST COMPANY (CAYMAN) LIMITED

Principal Place of Business	Mailing Address
% CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER, 100 CHOPIN PLAZA MIAMI, FL 33131	% CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER, 100 CHOPIN PLAZA MIAMI, FL 33131

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

4. FEI Number 13-3507716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD 1600 MIAMI CENTER MIAMI, FL 33131-4328	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JESELNIK, JOHN K 701 BRICKELL AVE 10 FL MIAMI, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Peter O'Sullivan Po Box 1164 Grand Cayman Island	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORDERS, NEIL ATLANTIC HOUSE, CIRCULAR RD DOUGLAS, IS	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nicholas Stone Street 18 Rue Contamines Geneva, Switzerland 1206	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAN, DENNIS 2 RAFFLES LINK SINGAPORE, HO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brian Gould 18 Rue Contamines Geneva, Switzerland 1206	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YU, RAYMUNDO A 2 RAFFLES LINK SINGAPORE, HO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jose M Albran 701 Brickell Ave - 18th Fl Miami, Fl 33131	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD NICHOLSON, JONATHAN S PO BOX 1164 N/A GRAND CAYMAN, CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPETZER, BRIAN 701 BRICKELL AVE 18TH FLOOR MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	15 West South Temple - 3rd floor Salt Lake City, Utah 84101	☒ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Brian Spletzer 8/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(801) 424-2451