

A. Ralph Mollis, Secretary of State
Corporations Ducision
148 W. Rucer Street
Providence, Rt 02904-2615
401-222,3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1 ID No.									
88305	BSC/1	RUEX Internation	UEX International, LLC						
3. State of Formation		4. Brief description of the	character of the business whi	h is actually conducted in Rhode Island					
RHODE ISLAND To Engage in Investing									
S. Principal office address				City	State		Zip		
383 Water Street				Warren	RI		02885		
6. MAILING ADDRE	SS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:				
Contact Name				Contact Title					
George Richardson									
Street Address				City	State		Zip		
383 Water Street				Warren	RI		02885		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS									
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)									
Manager Name				Manager Name					
Icelandic Investments, LLC									
Street Address				Street Address					
383 Water Street									
<i>Cny</i> Warren		State RI	zıp 02885	City	State		Zψ		
vvarien		N	02000	; ;			]		
Manager Name				Manager Name					
Street Address				Street Address					
City		State	Zip	City	State		Zifi		
e decident acen	T IN DE	ODE ICLAND DO	OT ALTER Changes	trequire filing of Form 642		6 11	I		
Agent Name	HA ZILL	ODE ISLAND - DO I	tor alrea - Changes	Address	- K.I.G.L. /-I	.0-11			
Pasco Gasbarro Jr.				50 Kennedy Plaza, Ste. 1500					
Address						<i>Ζψ</i> <b>02903</b>			
Hinckley, Allen & Snyder LLP				Providence 02903					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

88305

File Date	FILED 0CT 2 3 2007				
Check No.					
Ву:	Ву	190246			
FOR	SECRETARY O	F STATE USE ONLY			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Agnature of Authorized Person Date

Print or Type Name of Authorized Person