



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123335		2. Exact name of the limited liability company CORTLAND TRADING LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island NONE IN RI / CONSTRUCTION	
5. Principal office address 50 SHIRLEY ST., PO BOX CB 13937		City NASSAU	State BAHAMAS
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name VLADIMIR BITEIKINE		Contact Title RESIDENT AGENT	
Street Address PO BOX 1726		City E. GREENWICH	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATE AND SHIPPING CONSULTANTS LLC		Address 620 DRY BRIDGE ROAD	
Address		City NORTH KINGSTOWN	Zip 02842-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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\*123335 DLLC  
FILED  
File Date FEB 01 2006  
Check No. 89669  
By: [Signature]  
FOR SECRETARY OF 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.

[Signature] 2/1/06  
Signature of Authorized Person Date  
VLADIMIR BITEIKINE  
Print or Type Name of Authorized Person



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**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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		Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VLADIMIR BITEIKINE		Contact Title RESIDENT AGENT	
Street Address PO BOX 1726		City E. GREENWICH	State RI
		Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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City	State	City	State
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City	State	City	State
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Address		City NORTH KINGSTOWN	Zip 02842-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\*123335 DLLC  
File Date 2/1/05  
Check No. 1034  
By: VA  
FOR SECRETARY OF 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.

VLADIMIR BITEIKINE      1/31/05  
Signature of Authorized Person      Date

VLADIMIR BITEIKINE  
Print or Type Name of Authorized Person



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Office of the Secretary of State

Matthew A. Brown, Secretary of State  
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**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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		Zip	
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Street Address PO BOX 1726		City E. GREENWICH	State RI
		Zip 02818	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
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*Manager Name		*Manager Name	
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City	State	Zip	*City
		State	
		Zip	
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name CORPORATE AND SHIPPING CONSULTANTS LLC		Address 620 DRY BRIDGE ROAD	
Address		City NORTH KINGSTOWN	Zip 02842-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*123335 DLLC 12/26/0312:52:50 PM*
File Date <u>12/26/03</u>
Check No. <u>JUN 08 2003</u>
By: <u>[Signature]</u>
FOR SECRETARY OF 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.

[Signature] 12/26/03  
Signature of Authorized Person Date

VLADIMIR BITEIKINE  
Print or Type Name of Authorized Person