


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000014825 1. Entity Name S3 PRODUCTS, LLC	
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Principal Place of Business 1320 13TH TERRACE PALM BEACH GARDENS FL 33418	Mailing Address 1320 13TH TERRACE PALM BEACH GARDENS FL 33418
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1st MOORE CR2E083 (10/04)

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 74-3051215	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 U.S. HWY ONE, STE. 402 N. PALM BEACH FL 33408

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
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete WALKER, BARRY J
STREET ADDRESS	1320 13TH TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	VPS <input type="checkbox"/> Delete SHANNER, DAVID
STREET ADDRESS	1745 SCHOOLHOUSE RD
CITY-ST-ZIP	AMBLER PA 19002
TITLE	VP <input type="checkbox"/> Delete TURNBULL, JOHN
STREET ADDRESS	610 HYDE RUN DR
CITY-ST-ZIP	WILMINGTON DE 19808
TITLE	MGRD <input type="checkbox"/> Delete LEWELLYN, DAVID L
STREET ADDRESS	392 COCONUT CIR
CITY-ST-ZIP	WESTON FL 33326
TITLE	MGRD <input type="checkbox"/> Delete WALKER, JEFFREY
STREET ADDRESS	3500 MARIGOLD CT., #2
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	MGRD <input type="checkbox"/> Delete IOVICI, NICOLAE
STREET ADDRESS	392 BISCAYNE AVE
CITY-ST-ZIP	KEY BISCAYNE FL

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000214196
STREET ADDRESS	02/04/05-80002-018 50.WW
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *Barry J Walker* **BARRY J. WALKER** 1/2/05 (50626-6632)