


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 JUN 20 AM 10:45

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L04000060100

1. Limited Liability Company's Name
CERAMACOTE LLC

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address <u>1836B TWILITE AVE</u> | | 3. Mailing Office Address <u>1836B TWILITE AVE</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <u>PORT CHARLOTTE FL.</u> | | City & State <u>PORT CHARLOTTE FL</u> | |
| Zip <u>33948</u> | Country <u>FL.</u> | Zip <u>33948</u> | Country <u>FL.</u> |

| | |
|---|-------------------------------|
| 4. State/Country of Formation <u>FLORIDA USA</u> | |
| 5. Date Organized or Qualified To Do Business in Florida | |
| 6. FEI Number <u>383706982</u> | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

Name PETER DAVIES 700056638137
06/29/05--01012--011 **55.00

Street Address (P.O. Box Number is Not Acceptable)
1836B TWILITE AVE.

Suite, Apt. #, Etc.

City PORT CHARLOTTE State FL Zip Code 33948

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 4-14-2005

REGISTERED AGENT MUST SIGN

| 10. Names and Street Addresses of Managing Members/Managers | | | |
|---|-----------------------------------|--|--------------------------------|
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| <u>MANGR</u> | <u>PETER DAVIES</u> | <u>1836B TWILITE AVE</u> | <u>PORT CHARLOTTE FL 33948</u> |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature] Date 4-19-2005 Daytime Phone # 941-625-8570

Typed or printed name of signing Managing Member/Manager PETER DAVIES

CR2004 (10/02)