2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # L97000000058 **Secretary of State** 1. Entity Name GASTEC ENERGY COMPANY, LC Mailing Address Principal Place of Business 20217 BACKNINE DR BOCA RATON FL 33498 20217 BACKNINE DR BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 58-2288060 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOWEY, IRVING S Street Address (P.O. Box Number is Not Acceptable) 20217 BACKNINE DR **BOCA RATON FL 33498** Zip Code FL 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, typed or printed name (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Addition MGRM ☐ Change THE TITLE ☐ Delete LOWEY, IRVING S NAME NAME STREET ADDRESS 20217 BACKNINE DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP Change TITLE MGRM Delete TITLE ☐ Addition NAME STOLZENBERG, PHILIP NAME STREET ADDRESS STREET ADDRESS 20217 BACKNINE DR CITY-ST-ZiP CITY ST-7IP BOCA RATON FL 33498 Addition DITLE ☐ Change TITLE Delete U000000239193 NAME NAME 02/22/05-80029-002 100.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change T/TLE ☐ Addition TITLE ☐ Delete NAME IMAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nueDelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED O

FILED

Daytime Phone #