

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002617

1. Entity Name
LOOKING GLASS MARINE, L.C.

FILED

01 APR 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
140 19TH ROAD, LOT #1
WEST POINT NE 68788

Mailing Address
140 19TH ROAD, LOT #1
WEST POINT NE 68788



2. Principal Place of Business
801 ROCKY RIVER
Suite, Apt. #, etc.

3. Mailing Address
801 ROCK RIVER
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOUSTON TX

City & State
HOUSTON TX

4. FEI Number
58-2426272

Applied For
Not Applicable

Zip 77056 **Country** U.S.A.

Zip 77056 **Country** U.S.A.

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, JOHN H ESQ.
BRICKELL BAYVIEW CENTRE
80 SW EIGHTH STREET, SUITE 2809
MIAMI FL 33130

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.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004161640--0
-05/08/01--01041--024
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURBINE POWER SYSTEMS, INC. 140 19TH ROAD, LOT #1 WEST POINT NE 68788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGINEERING PHYSICS CORP. 11934 CYPRESS WOOD HOUSTON TX 77070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE: X 04 APR 2001 **Daytime Phone #**