

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90194 001 \*\*\*\*50.00

**DOCUMENT # L98000002617**

1. Entity Name

**LOOKING GLASS MARINE, L.C.**

Principal Place of Business

**801 ROCKY RIVER  
 HOUSTON TX 77056**

Mailing Address

**801 ROCKY RIVER  
 HOUSTON TX 77056**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**58-2426272**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM**  
**TURBINE POWER SYSTEMS, INC.**  
 STREET ADDRESS **140 19TH ROAD, LOT #1**  
 CITY-ST-ZIP **WEST POINT NE 68788**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**MGRM**  
**ENGINEERING PHYSICS CORP.**  
 STREET ADDRESS **11934 CYPRESS WOOD**  
 CITY-ST-ZIP **HOUSTON TX 77070**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
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TITLE NAME  Delete  
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 CITY-ST-ZIP

TITLE NAME  Change  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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*20 Sept 02* *402 372 3075*

Date

Daytime Phone #

CR2E083 (4/02)

873450



DO NOT WRITE IN THIS SPACE