

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001983

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CELLXION, LLC

**Current Principal Place of Business:**

5031 HAZEL JONES RD.  
BOSSIER CITY, LA 71111

**New Principal Place of Business:**

**Current Mailing Address:**

5031 HAZEL JONES RD.  
BOSSIER CITY, LA 71111

**New Mailing Address:**

FEI Number: 72-1333762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHOONOVER, STEVEN L  
24 SCHOONS WAY  
SANTA ROSA BEACH, FL 32459      US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHOONOVER, STEVEN L  
Address: 937 COUNTY CLUB CIR  
City-St-Zip: MINDEN, LA 71055

Title: MGRM ( ) Delete  
Name: SCHOONOVER INVESTMEN, TS LP  
Address: 937 COUNTRY CLUB CIR  
City-St-Zip: MINDEN, LA 71055

Title: MGRM (X) Delete  
Name: BENT TREE INTERESTS,, LLC  
Address: 370 BENT TREE LANE  
City-St-Zip: MINDEN, LA 71055

Title: MGRM (X) Delete  
Name: TODD INVESTMENTS, LL, C  
Address: 5759 BAYOU DRIVE  
City-St-Zip: BOSSIER CITY, LA 71112

Title: MGRM (X) Delete  
Name: FREDRICKSON HOLDINGS, LLC  
Address: 8500 N. HARRAH  
City-St-Zip: HARRAH, OK 73045

Title: MGRM (X) Delete  
Name: HOOD, JEFFREY  
Address: 6006 KATELAND COURT  
City-St-Zip: BOSSIER CITY, LA 71111

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SABRE INDUSTRIES, IN, C  
Address: 1120 WELSH RD, STE 210  
City-St-Zip: NORTH WALES, PA 19454

Title: MGR (X) Change ( ) Addition  
Name: DEAN, JAMES L  
Address: 5031 HAZEL JONES RD  
City-St-Zip: BOSSIER CITY, LA 71111

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L. DEAN

MGR

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date