
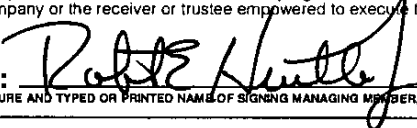


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90028 029 ****50.00

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DOCUMENT # M96000000137					
1. Entity Name GURWITCH PRODUCTS, L.L.C.					
Principal Place of Business 13259 NORTH PROMENADE STAFFORD, TX 77477 US			Mailing Address 13259 NORTH PROMENADE STAFFORD, TX 77477 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 75-2594523	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNEZ, BRIAN J	NAME			
STREET ADDRESS	THREE NEWTON EXECUTIVE PARK STE 304	STREET ADDRESS			
CITY-ST-ZIP	NEWTON, MA 02462	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GURWITCH, JANET	NAME	13259 N. Promenade Blvd.		
STREET ADDRESS	2900 WESLAYAN, STE. 625	STREET ADDRESS	Stafford, Tx 77477		
CITY-ST-ZIP	HOUSTON, TX 77027	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, DOUGLAS	NAME			
STREET ADDRESS	111 CENTER STREET	STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK, AR 72201	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, ROBERT A	NAME			
STREET ADDRESS	THREE NEWTON EXECUTIVE PARK STE 304	STREET ADDRESS			
CITY-ST-ZIP	NEWTON LOWER FALLS, MA 02462	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANSKY, BURTON	NAME			
STREET ADDRESS	1618 MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75201	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-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.					
SIGNATURE: 		4/26/05 281-275-7007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	