


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

Q/B

**DOCUMENT # M99000001496**

1. Entity Name  
**ROTADYNE-LATIN AMERICA, L.L.C.**



Principal Place of Business 1500 SAN REMO AVE., STE. 203 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE., STE. 203 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4209712	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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

00000099838  
 03/31/04-80022-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MELGARD, STEPHEN C 8140 CASS AVE. DARIEN, IL 60561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOOTH, PETER BLVD. BERNARDO QUINTANA NO 40, 20 PISO 76160 QUEIETARO, QRO MEXICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANCHEZ, JAIME F EMILIO CARRANZA SUR NO 345, 20 PISO 6400 MONTERREY, N.L. MEXICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** \_\_\_\_\_ **3/29/04** **385 663 6664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #