

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90043 013 \*\*\*\*50.00

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

2. Principal Place of Business: 8140 CASS AVE  
 Suite, Apt. #, etc.  
 3. Mailing Address: 8140 CASS AVE  
 Suite, Apt. #, etc.

City & State: DARIEN, ILLINOIS  
 Zip: 60561 Country: USA  
 City & State: DARIEN, ILLINOIS  
 Zip: 60561 Country: USA

07062005 Chg-LLC CR2E083 (10/03)  
 4. FEI Number: 36-4209712 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 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 September 7, 2005  
 Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS   |  |
|--|--|
| TITLE: MGR<br>NAME: MELGARD, STEPHEN C<br>STREET ADDRESS: 8140 CASS AVE.<br>CITY-ST-ZIP: DARIEN, IL 60561                                | <input checked="" type="checkbox"/> Delete |
| TITLE: MGR<br>NAME: BOOTH, PETER<br>STREET ADDRESS: BLVD. BERNARDO QUINTANA NO 40, 20 PISO<br>CITY-ST-ZIP: 76160 QUEIETARO, GRO MEXICO,  | <input type="checkbox"/> Delete            |
| TITLE: MGR<br>NAME: SANCHEZ, JAIME F<br>STREET ADDRESS: EMILIO CARRANZA SUR NO 345, 20 PISO<br>CITY-ST-ZIP: 6400 MONTERREY, N.L. MEXICO, | <input checked="" type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Delete            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Delete            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Delete            |

| 10. ADDITIONS/CHANGES   |  |
|---|--|
| TITLE: MGR<br>NAME: JAMES R. HICKEY<br>STREET ADDRESS: 8140 CASS AVE<br>CITY-ST-ZIP: DARIEN, IL 60561 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>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, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date: 6-31-05  
 Daytime Phone #: 630-769-9700