

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001073

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** MOUNTAIN PURE AIR SYSTEMS, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 5184  
OCALA, FL 344785184

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5184  
OCALA, FL 344785184

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CROSS, R. SCOTT  
108 NORTH MAGNOLIA AVENUE, SUITE 101  
OCALA, FL 34475 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/MEMBERS:**

Title: P ( ) Delete  
Name: SHERER, WILLIAM J  
Address: 3350 SW 54 CT.  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHERER, WILLIAM J  
Address: 3350 SW 54 CT.  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM J. SHERER

MGRM

04/29/2004

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