

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007180

Entity Name: FULL FLAME, LLC

FILED  
Jan 28, 2005  
Secretary of State

**Current Principal Place of Business:**

5422 CARRIER DRIVE  
SUITE 204  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5422 CARRIER DRIVE  
SUITE 204  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-3718552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HODGES, GEORGE  
585 S. RONALD REAGAN BLVD  
SUITE 121  
LONGWOOD, FL 327505462 US

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

LAMMERT, MARK CPA  
410 MACGREGOR ROAD  
WINTER SPRINGS, FL 32708 US

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: MARK LAMMERT, CPA

01/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TOMAZSEWSKI, SIEGFRIED  
Address: 5422 CARRIER DRIVE SUITE 204  
City-St-Zip: ORLANDO, FL 328198394

Title: MGRM ( ) Delete  
Name: FULL FLAME GMBH,  
Address: POSTFACH 60 05 95  
City-St-Zip: FRANKFURT AN MAIN, GERMANY, 60035

Title: MGRM ( ) Delete  
Name: MURPHEE, ROBERT  
Address: 5422 CARRIER DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

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 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: SIEGFRIED TOMAZSEWSKI

MGRM

01/28/2005

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