


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L02000000023</b><br>1. Entity Name<br>PYROTECNICO OF FLORIDA, LLC |  |
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|--|---|
| Principal Place of Business<br>17204 AKINS DR<br>SPRING HILL, FL 34610 | Mailing Address<br>PO BOX 310<br>NEW CASTLE, PA 16103 |
|--|---|



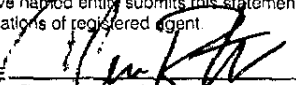
03232005No Chg-LLC

CR2E083 (10/03)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-3761165                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>REITANORD, CHRISTOPHER<br>17204 AKINS DRIVE<br>SPRING HILL, FL 34610 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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| 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 <br><small>Signature, title or printed name of registered agent and title if applicable</small>                                  | DATE <u>03/30/05</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

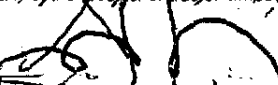
**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>S. VITALE PYROTECNIC INDUSTRIES, INC.<br>PO BOX 149<br>NEW CASTLE, PA 16101 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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04/18/05-80117-013 50.00

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| 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. |  |
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|  |   |   |
|--|---|---|
| SIGNATURE: <br><small>SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <u>03/30/05</u><br><small>Date</small> | PHONE # <u>727-857-9766</u><br><small>Daytime Phone #</small> |
|--|---|---|