2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State
07-13-2004 90057 009 ****55.00

DOCUMENT # L02000015826

1. Entity Name
POWDER PROCESSING & TECHNOLOGY, LLC

Principal Place of Business	Mailing Address
5103 EVANS AVE VALPARAISO, IN 46383	5103 EVANS AVE VALPARAISO, IN 46383

DO NOT WRITE IN THIS SPACE

07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
36-4500020
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MENKE, ERROL J
2204 S. EXMOOR STREET
TAMPA, FL 33629

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 _____ 7/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MENKE, ERROL J
STREET ADDRESS	2204 S EXMOOR ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	KAZIOW, JOHN J
STREET ADDRESS	2720 CHALDON PLACE
CITY-ST-ZIP	ALPHARETTA, GA 3002
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #