2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 10, 2004 8:00 am Secretary of State **DOCUMENT # L02000025071** 09-10-2004 90061 020 ****55.00 1. Entity Name ECOLOTECH GROUP, "LLC" Principal Place of Business Mailing Address 541 N. PALMETTO AVENUE, #103 541 N. PALMETTO AVENUE, #103 SANFORD, FL 32771 US SANFORD, FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09082004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4 FEI Number 59-3739960 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S AME HANNA, PAUL M JR. Street Address (P.O. Box Number is Not Acceptable) 8131 N.W. 43rd Lane 8710 LAKESHORE DRIVE YALAHA, FL 34797 City Ocala Zip Code 34482 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State 9. * MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition HANNA PAUL M.JR. NAME SAME NAME 8131 N.W. 43rd Lane STREET ADDRESS 8710 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP YALAHA, FL 34797 CITY-ST-ZIP Ocala, Florida 34482 MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIGGS ROBERT R NAME NAME STREET ADDRESS 1130 POINTE NEWPORT TERRACE #300 STREET ADDRESS CITY-ST-7P CASTLEBERRY, FL 32702 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WRIGHT, SONNY R NAME 9301 SILVER LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 contrary or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 407 302-7022

Paul

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MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Hanna Jr.

9/8/04

406-8944

Daytime Phone #

FILED