2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L02000025287

Entity Name: E-QUATOR PRODUCTS, LLC

Current Principal Place of Business:

P.O. BOX 399
ODESSA, FL 335560399

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 399
ODESSA, FL 335560399

New Mailing Address:

FEI Number: 48-1296570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, RICHARD A
505 E JACKSON ST., STE 202
TAMPA, FL 33602 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: GRIFFIN, KIM
Address: 18530 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete
Name: GRIFFIN, KIM
Address: 18530 WAYNE RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRIFFIN, KIM A
Address: 18530 WAYNE RD
City-St-Zip: ODESSA, FL 335560399

Title: MGRM (X) Change ( ) Addition
Name: GRIFFIN, JAMES B
Address: 18530 WAYNE RD
City-St-Zip: ODESSA, FL 335560399

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: KIM A GRIFFIN MGR 04/29/2004

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