

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027309

FILED
Jan 14, 2004
Secretary of State

Entity Name: COMPLETE TURBINE SERVICES, LLC

Current Principal Place of Business:

3301 SW 13TH AVE
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

3301 SW 13TH AVE
FT. LAUDERDALE, FL 33315

New Mailing Address:

1721 S.E. NINTH ST
FT. LAUDERDALE, FL 33316

FEI Number: 83-0354620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, TARI
1721 SE NINTH ST.
FORT LAUDERDALE, FL 33316 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: MGRM () Delete
Name: WALTER, KONRAD
Address: 1301 NW 89TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: LAFORGIA, ANTHONY
Address: 1301 ZAMBRANA ST.
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM () Delete
Name: COLLINS, EDWARD
Address: 1721 S.E. NINTH ST.
City-St-Zip: FT. LAUDERDALE, FL 33316

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: EDWARD W. COLLINS

MGRM

01/14/2004

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