



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90181 027 \*\*\*\*55.00

<b>DOCUMENT # L02000031331</b> 1. Entity Name <b>HUWELD USA, L.L.C.</b>					
Principal Place of Business <b>3781 59TH AVE. BRADENTON, FL 34210</b>			Mailing Address <b>3781 59TH AVE. BRADENTON, FL 34210</b>		
2. Principal Place of Business <b>1360 WHITFIELD AVE.</b>		3. Mailing Address <b>1360 WHITFIELD AVE.</b>			
Suite, Apt. #, etc. <b>BUSINESS CENTER</b>		Suite, Apt. #, etc. 			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>			
State <b>FL</b>		Country <b>USA</b>			
4. FEI Number <b>05-0541727</b>		Applied For <b>APPLIED FOR</b>		04082004 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>MACHADO, VICTOR L 4781 WINSLOW BEACON SARASOTA, FL 34235</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		Zip Code <b>34235</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHADO, VICTOR L 4781 WINSLOW BEACON SARASOTA, FL 34235-7232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>VICTOR L. MACHADO</b> <b>4/9/04 (941) 773 1188 (CAL.)</b> GENERAL MANAGER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

OFFICE