

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005407

FILED
Feb 09, 2004
Secretary of State

Entity Name: COMPOSITE TECHNOLOGIES, LLC

Current Principal Place of Business:

3397 GATOR BAY RD.
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

6370 US HIGHWAY 1 NORTH
BLDG. 7A
ST. AUGUSTINE, FL 32095 US

Current Mailing Address:

3397 GATOR BAY RD.
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

P.O. BOX 8478
FLEMING ISLAND, FL 32006 US

FEI Number: 16-1654585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, THOMAS E
3397 GATOR BAY RD.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

HABER, THOMAS E
P.O. BOX 8478
FLEMING ISLAND, FL 32006 US

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: THOMAS E. HABER

02/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HABER, THOMAS E
Address: 3397 GATOR BAY RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGR () Delete
Name: HABER, SHERRI A
Address: 3397 GATOR BAY RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGR () Delete
Name: HABER, THOMAS L
Address: 133 WESTLEE LN.
City-St-Zip: PALM COAST, FL 32164 US

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: THOMAS E. HABER

MGRM

02/09/2004

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