

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005407

FILED
Apr 27, 2005
Secretary of State

Entity Name: COMPOSITE TECHNOLOGIES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

MR.

04/27/2005

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