


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90140 001 \*\*\*\*50.00

<b>DOCUMENT # L03000008113</b>		
1. Entity Name TOTAL AIR PURIFICATION SYSTEMS, LLC		

Principal Place of Business 3397 SW 42ND AVENUE PALM CITY, FL 34990	Mailing Address 3397 SW 42ND AVENUE PALM CITY, FL 34990
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0455778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  WOLLETT, RONALD L 4440 PGA BLVD., STE. 402 PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name <u>Mark Mazzilli</u> Street Address (P.O. Box Number is Not Acceptable) <u>3397 S.W. 42nd Ave</u> City <u>Palm City, FL</u> <u>FL</u> Zip Code <u>34990</u>	
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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 Mark Mazzilli  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Michael Mazzilli</u> <input type="checkbox"/> Delete <u>500 SW Bimini Cir N</u> <u>Palm City, FL 34990</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mark Mazzilli</u> <input type="checkbox"/> Delete <u>2664 SW Horseshoe Tr.</u> <u>Palm City, FL 34990</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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
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.

SIGNATURE: Michael Mazzilli 7-7-04 7722834746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #