2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING

May 03, 2004 8:00 am Secretary of State **DOCUMENT # L03000010342** 1. Entity Name LUBETECH, LC 05-03-2004 90137 007 ****55.00 Principal Place of Business 7757 MACLEAN ROAD 7757 MACLEAN ROAD Z40000 * * TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEFFIELD, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 7757 MACLEAN ROAD TALLAHASSEE, FL 32312 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State A Car a water 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MURM Addition ☐ Delete TITLE Change ... Christopher Sheffield NAME NAME STREET ADDRESS 7757 Maclean Road STREET ADDRESS Tallahassee, FL 32312 CITY-ST-ZIP CITY-ST-7IP MGR ☐ Delete TITLE ☐ Change Addition Danny Sheffield 1150 SW 83rd Ave. OKeechobee, FL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34974 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 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. Christopher Sheffield 4/30/04 (850)-251-2661

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE