2004 LIMITED LIABILITY COMPANY

Feb 12, 2004 8:00 am Secretary of State ANNUAL REPORT 02-02-2004 90207 040 ****50.00 **DOCUMENT # L03000014939** 1. Entity Name ACTIVATED POLISHING MATERIALS LLC Principal Place of Business Mailing Address 34000364 1390 NORTH KILLIAN DR., BAY C 1390 NORTH KILLIAN DR., BAY C LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 65-1184352 City & State City & State Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAMBALE, JAMES Street Address (P.O. Box Number is Not Acceptable) 1390 NORTH KILLIAN DR., BAY C LAKE PARK, FL 33403 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Par ther TITLE TITLE Change Addition NAME NAME 34 Flyng Rd S STREET ADDRESS STREET ADDRESS im Beach Gardens, Fla 33418 CITY-ST~ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 80080 TH, 29.15 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME Commons Wo STREET ADDRESS STREET ADDRESS CITY-ST-ZIP F 12 33410 CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS

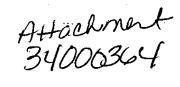
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CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is it up and accurate 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.

2/10/04 561-844-7353

FILED





FLORIDA DEPARTMENT OF STATE

'000 Glenda E. Hood

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ACTIVATED POLISHING MATERIALS LLC 1390 NORTH KILLIAN DR., BAY C LAKE PARK, FL 33403

Subject: ACTIVATED POLISHING MATERIALS LLC

Reference Number:

L03000014939

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box-6478, Tallahassee, Florida-32314 within-30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc ~ ANNUAL REPORTS SECTION