

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015546

FILED
Jan 14, 2004
Secretary of State

Entity Name: POLYGARD MANUFACTURING SERVICES, LLC

Current Principal Place of Business:

5010 N. COOLIDGE AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

5010 N. COOLIDGE AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-1560107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H ESQ.
HINES, NORMAN, HINES & SULLIVAN, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: MGR () Delete
Name: EMERSON, JOHN J
Address: 2837 NORTHDAL E BOULEVARD, PMB 234
City-St-Zip: TAMPA, FL 33624

Title: MGR () Delete
Name: EMERSON, GLENN F
Address: 13507 WESTSHIRE DRIVE
City-St-Zip: TAMPA, FL 336182500

Title: MGR () Delete
Name: PRATT, ERIC S
Address: 5521 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 335494883

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: JOHN EMERSON

MGR

01/14/2004

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