## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business   Mailing Address   1421 & COSSETT ROAD   JACKSONVILLE, FL 32218	DOCUMENT # L03000016  1. Entity Name COOL BREEZE ENGINEERING LLC		SECRETA DIVISION OF	LED RY OF STATE CORPORATIONS 3. AM: 9: 45	67/19	
Sirile, Apt. #, etc.  Suite, A	455 TROUT RIVER DR.	14212 GOSSETT ROAD				110 (1111) GIIGAN IIK IBBK
City & State    Same	455 TROUT RIVER DR	SAME				
Country   St. Option   St. Op		City & State		4. FEI Number		Applied For
RICKETTS, JACK F 14212 GOSSETT ROAD JACKSONVILLE, FL 32218  Street Address (P.O. Box Number is Not Acceptable)  City  FL 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 acceptable of the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by September 8, 2004  9. MANAGING MEMBERS/MANAGERS  FILLEMANE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAKE  STREET ADDRESS  STREET	Zip Country	<u> </u>	ountry	1	Desired 🗀 \$5.	00 Additional
RICKETTS, JACK F 14212 GOSSETT ROAD JACKSONVILLE, FL 32218  City  FL  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 access the obligations of registered agent.  SIGNATURE  SIGNATURE  Filling Fee is \$50.00  Due by September 8, 2004  9. MANAGING MEMBERS/MANAGERS  TITLE  MAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  Delete  TITLE  MAME  STREET ADDRESS  STRE		Registered Agent		7. Name and Address	of New Registered Ager	nt
Street Address (P.O. Box Number is Not Acceptable)			Name	NIA		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE  SIGNATU	14212 GOSSETT ROAD		Street Address	(P.O. Box Number is Not Ar	cceptable)	
the obligations of registered agent.  SIGNATURE	* *		City		FL	Zip Code
Filling Fee is \$50.00 Due by September 8, 2004  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLET GRAPH OWNOR GRAPH GR		<u> </u>	,	ered agent, or both, in the S	ate of Florida. I am fami	iar with, and accep
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11. 1 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:  404  409  409  409  5014	11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or truste	this filing does not qualify for the e that my signature shall have the sa e empowered to execute this report	exemption stated in So ame legal effect as if r	made under oath; that I am oter 608, Florida Statutes.	a managing member or	manager of the