

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90050 025 \*\*\*\*50.00

20040526



<b>DOCUMENT # L03000023218</b> 1. Entity Name <b>WAGNER'S 12 VOLT AIR, LLC</b>																								
Principal Place of Business <b>4325 COUNTY PLACE ROAD PALM CITY, FL 34990</b>		Mailing Address <b>4325 COUNTY PLACE ROAD PALM CITY, FL 34990</b>																						
2. Principal Place of Business <i>4325 Country Place Road</i>		3. Mailing Address <i>4325 Country Place Road</i>																						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																						
City & State <i>Palm City FL</i>		City & State <i>Palm City FL</i>																						
Zip <i>34990</i>		Zip <i>34990</i>																						
Country <i>USA</i>		Country <i>USA</i>																						
4. FEI Number <b>74-3097655</b>		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  <b>MADDEN, JOHN W ESQ 789 SOUTH FEDERAL HIGHWAY STE. 310 STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>Suite # 308</i> City <b>FL</b> 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 <i>change in suite# only</i> DATE																								
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WAGNER, HAROLD L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4325 COUNTY PLACE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM CITY, FL 34990</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	WAGNER, HAROLD L		STREET ADDRESS	4325 COUNTY PLACE ROAD		CITY-ST-ZIP	PALM CITY, FL 34990		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>4325 Country Place Road</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<i>4325 Country Place Road</i>		CITY-ST-ZIP		
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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: <i>[Signature]</i> <b>SIC</b> Date <i>4-20-05</i> Daytime Phone # <i>(772) 260-2524</i>																								