2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90130 044 ****50.00

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1. Entity Name
ANTI-FOULING TECHNOLOGY, L.L.C.

Principal Place of Business	Mailing Address
4420 N.W. 36TH AVENUE GAINSVILLE, FL 32606	4420 N.W. 36TH AVENUE GAINSVILLE, FL 32606

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 358628	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: GAINESVILLE, FL	
Zip	Country	Zip: 32635-8628	Country: USA

04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0145763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, HOWARD ESQ. 100 SE 2ND STREET 17 FLOOR MIAMI, FL 33131	Name 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 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) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGEMENT MEMBER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	US. ENERGY GROUP, LLC		NAME		
STREET ADDRESS	4420 NW 36 AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ 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.

SIGNATURE: ____________________ 04/30/04 352-384-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #