2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000034777

1. Entity Name

ACTICARB TAILORED PRODUCTS, LLC



FILED Apr 25, 2008 08:00 AM Secretary of State

Principal Place of Business

551 NORTH US HIGHWAY 41

Mailing Address

551 NORTH US HIGHWAY 41 **DUNNELLON, FL 34432** DUNNELLON, FL 34432



DO NOT WRITE IN THIS SPACE

04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1186338 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATWHAW, P.A. 3010 SOUTH THIRD ST. JACKSONVILLE BECH, FL 32250

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the purpose of cha- tions of registered agent. | nging its registered office or registered agent, or both, in | the State of Florida. I am familiar with, and accept |
|-------------------|---|--|---|
| SIGNATURE. | | | |
| | Signature: typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| FILE After May | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | |
| 5 . | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | | THE MET IN THE PROPERTY OF THE PARTY OF THE |
| NAME | ROGERS, J. ROBERT | · | |
| STREET ADDRESS | 551 N US HWY 41 | | |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | | |
| FITLE | | | 110,000,000 |
| NAME | | | U00000921470 |
| STREET ADDRESS | | | U5/15/U8-8UUU8-0U2 138.75 |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | DO 1 | OT WOITE |
| CITY-ST-ZIP | | א טע א | OT WRITE |
| TITLE | | INI TL | IIS SPACE |
| NAME | | l livir | TIS SPACE |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | · · | |
| DTLE | | · · · · · · · · · · · · · · · · · · · | |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CATY-ST-ZIP