


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000036446</b> 1. Entity Name TURBINE ENGINEERING SOLUTIONS, LLC	
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Principal Place of Business 25100 TRADEWINDS DRIVE LAND O LAKES, FL 34639 US	Mailing Address 25100 TRADEWINDS DRIVE LAND O LAKES, FL 34639 US
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 47-0932412	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELLON, MARK 25100 TRADEWINDS DRIVE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSKO, JOHN 25100 TRADEWINDS DRIVE LAND O LAKES, FL 34639
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1000000188273  
01/24/05-R0047-012 55.00

**DO NOT WRITE  
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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: *John Husko* 1/14/05 813-273-5887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #