

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90068 016 ****50.00

DOCUMENT # **L03000039908**

1. Entity Name **ALTERNATIVE REFRIGERATION TECHNOLOGIES, LLC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7378 OAKRIDGE LOOP

3. Mailing Address
P.O. Box 597

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **GLEN ST. MARY, FL** City & State **MACCLENNY, FLA** 4. FEI Number **20-0347684** Applied For Not Applicable

Zip **32040** Country **USA** Zip **32063** Country **USA** 5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EMIL CLAYTON LYONS**

Street Address (P.O. Box Number is Not Acceptable)
106 WEST BLVD NORTH

City **MACCLENNY** FL Zip Code **32063**

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

Emil Clayton Lyons

3/26/04

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JOHN B MILLER 417 MORNING GLORY LN. N. JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS 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:

J B Miller

3/26/04

904-394-7249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #