

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 11, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000039908**

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



Principal Place of Business  
**7378 OAKRIDGE LOOP  
GLEN ST. MARY, FL 32040**

Mailing Address  
**PO BOX 597  
MACLENNY, FL 32063**



04082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0347684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LYONS, EMIL CLAYTON  
106 WEST BLVD. NORTH  
MACLENNY, FL 32063**

**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

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MILLER, JOHN B
STREET ADDRESS	417 MORNING GLORY LANE NORTH
CITY- ST- ZIP	JACKSONVILLE, FL 32259

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U000000299473  
04/11/05-80109-015 \$0.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

**JOHN B. MILLER**

**4-8-05**

Date

**84-394-7247**

Daytime Phone #