2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000040863

Entity Name

FLOWPRO CONTROLS LLC

FILED Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1126 WESTWAY DR. SARASOTA, FL 34236 1126 WESTWAY DR. SARASOTA, FL 34236



02032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		
REINEBACH, LAWRENCE R 1126 WESTWAY DR. SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changings of registered agent.	ping its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or pricted name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating) ONTE
9. Title NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS MGR REINEBACH, LAWRENCE R 1126 WESTWAY DR.	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 34236	U00000492904 04/19/06-80085-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 flability company or the receiver or trustee empowered to execute this report as reported by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY - ST-ZIP BILE NAME STREET ADDRESS CITY -ST-ZIP HILE NAME STREET ADDRESS

Signature and typeo or printed name of signing managing member, or authorized representative