

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000050245**

**1. Entity Name**  
**CERAMICTEC, LLC**



**Principal Place of Business**

**9 SANCTUARY AVE  
DEBARY, FL 32713**

**Mailing Address**

**P.O. BOX 100  
DEBARY, FL 32753**



04272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-0453042**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

**SHUTE, BRIAN M  
9 SANCTUARY AVE.  
DEBARY, FL 32713**

**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 reappointing)

**DATE**

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>SHUTE, BRIAN M</b>
<b>STREET ADDRESS</b>	<b>9 SANCTUARY AVE.</b>
<b>CITY-ST-ZIP</b>	<b>DEBARY, FL 32713</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/04/05-80038-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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**

**4-26-05**

**386-753-1797**

**Date**

**Daytime Phone #**