

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90034 037 *****50.00

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DOCUMENT # L04000000136 1. Entity Name FOILTECH MANUFACTURING, LLC			
Principal Place of Business 261 HIGHLAND DRIVE POLSON, MT 59860 US		Mailing Address P.O. BOX 125 POLSON, MT 59860 US	
2. Principal Place of Business 15439 N. Highway 301 <small>Suite, Apt. #, etc.</small>		3. Mailing Address P. O. Box 128 <small>Suite, Apt. #, etc.</small>	
City & State Dade City, FL		City & State Dade City, FL	
Zip 33523	Country	Zip 33526	Country
4. FEI Number 20-1177948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02032005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVENSON, DAN 261 HIGHLAND DRIVE POLSON, MT 59860	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR H. Ed Nowman 15439 North Highway 301 Dade City, FL 33523	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR H. Ed Nowman 15439 North Highway 301 Dade City, FL 33523	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR H. Ed Nowman 15439 North Highway 301 Dade City, FL 33523	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 3-3-05 Daytime Phone #: 352-521-0731	