

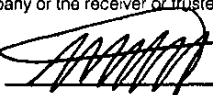


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000004472</b> 1. Entity Name <b>TEXSTREAM INDUSTRIES, LLC</b>					
Principal Place of Business <b>18 WALL STREET ORLANDO, FL 32801</b>			Mailing Address <b>18 WALL STREET ORLANDO, FL 32801</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		02152007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-0608403</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
BARRETT, RICHARD L 18 WALL STREET ORLANDO, FL 32801				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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VON BAMPUS, RAY E 1151 STOWE DRIVE SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTELEONE, WILLIAM B 8778 BELLIDO CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARRETT, RICHARD LEE 18 WALL STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRUBE, DON JR 2814 SILVER STAR ROAD ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRUBE, STEVEN 2814 SILVER STAR ROAD ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRUBE, STEVEN 2814 SILVER STAR ROAD ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRUBE, STEVEN 2814 SILVER STAR ROAD ORLANDO, FL 32808	<input type="checkbox"/> Delete			
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 		2/14/2007      407-839-6227			
Richard Lee Barrett, MGR		Date      Daytime Phone #			