


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90173 045 ****50.00

DOCUMENT # L04000018928

1. Entity Name:
EMPIRE ABRASIVES FLORIDA, LLC.



Principal Place of Business: **1301 N. ROME AVENUE TAMPA, FL 33607**

Mailing Address: **1301 N. ROME AVENUE TAMPA, FL 33607**

2. Principal Place of Business: Suite, Apt. #, etc.


3. Mailing Address: **PO BOX 4377**

Suite, Apt. #, etc.

City & State: **TAMPA, FL ~~33607~~**

City & State: **TAMPA, FL ~~33607~~**

Zip: **33677** Country: **FL**



01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number: **20-0933881** Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent:

DRESLIN FINANCIAL SERVICES, INC.
7985 113TH STREET
SUITE 220
SEMINOLE, FL 33772

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: _____

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 | MGRM EMPIRE ABRASIVES, INC. 546 PRATT AVENUE NORTH SCHAUMBERG, IL 60193 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM YOUNG, WILLIAM 1301 N. ROME AVENUE TAMPA, FL 33607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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:  **2/17/05** **258-6201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #