



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90111 013 \*\*\*\*50.00

<b>DOCUMENT # L04000023486</b> 1. Entity Name <b>KELMAR GAS TECHNOLOGIES, LLC</b>					
Principal Place of Business <b>823 E. 12TH AVE. NEW SMYRNA BEACH, FL 32169 US</b>			Mailing Address <b>823 E. 12TH AVE. NEW SMYRNA BEACH, FL 32169 US</b>		
2. Principal Place of Business <b>205 Sandy Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>205 Sandy Lane</b> Suite, Apt. #, etc.			
City & State <b>New Smyrna Beach, FL</b>		City & State <b>New Smyrna Beach, FL</b>		4. FEI Number <b>20-0946288</b>	
Zip <b>32168</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WEGENER, MARK L 823 E. 12TH AVE. NEW SMYRNA BEACH, FL 32169</b>				7. Name and Address of New Registered Agent Name <b>Mark L. Wegener</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 Sandy Lane</b> City <b>New Smyrna Beach</b> <b>FL</b> Zip Code <b>32168</b>	
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 September 7, 2005</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	<b>MGRM WEGENER, MARK L 823 E. 12TH AVE. NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgrm mark L Wegener 205 Sandy Lane New Smyrna Beach, FL 32168</b> <input checked="" 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 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
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>7/8/05 386-690-1718</b> <small>Date Daytime Phone #</small>	