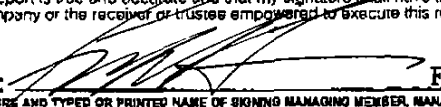


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90041 033 ****50.00

DOCUMENT # L04000054156 1. Entity Name MOCON, LLC			
Principal Place of Business 1 CREEKWOOD DR TEXARKANA, AR 71854		Mailing Address 1 CREEKWOOD DR TEXARKANA, AR 71854	
2. Principal Place of Business 1501 S. Flagler Dr Suite, Apt. #, etc.		3. Mailing Address 1501 S. Flagler Dr. Suite, Apt. #, etc.	
City & State West Palm Beach, FL Zip Country 33401 Palm Beach		City & State West Palm Beach, FL Zip Country 33401 Palm Beach	
4. FEI Number 27-0112479		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent NORRIS, DAVID B 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408		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, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOLD, JOHNNY R 1 CREEKWOOD DRIVE TEXARKANA, AR 71854 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, FRANK 1501 S. Flagler DR West Palm Beach, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		Frank Green, Mgr. 561.301.5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	