


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90270 049 \*\*\*\*50.00

|  |   |  |   |   |                                |
|--|---|--|---|---|--------------------------------|
| <b>DOCUMENT # L04000068186</b><br>1. Entity Name<br><b>RECHARGEABLE BATTERY EXPERT, LLC</b>  |   |  |   |    |                                |
| Principal Place of Business<br><b>10820 E. CALLE LINDA VISTA<br/>TUCSON, AZ 85748</b>  |   |  | Mailing Address<br><b>10820 E. CALLE LINDA VISTA<br/>TUCSON, AZ 85748</b>   |   |                                |
| 2. Principal Place of Business<br><b>3009 Lynwood Ct</b>   |   | 3. Mailing Address<br><b>3009 Lynwood Ct</b> |   |   |                                |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>                      |   |   |                                |
| City & State<br><b>LAND O' LAKES, FL</b>   |   | City & State<br><b>LAND O' LAKES, FL</b>     |   | 4. FEI Number<br><b>20-1785913</b>  |                                |
| Zip<br><b>34638</b>  |   | Country<br>                                  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                 |                                |
| 6. Name and Address of Current Registered Agent<br><br><b>PUGLISI, VINCENT J DR.<br/>10522 LAKE WILLIAMS DR<br/>ODESSA, FL 33556</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3009 LYNWOOD CT</b><br>City <b>LAND O' LAKES FL</b> Zip Code <b>34638</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.<br>SIGNATURE: <u><i>Vincent J. Puglisi</i></u> DATE: <u>3-17-06</u><br><small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |                                |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |                                |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>PUGLISI, VINCENT J DR.<br/>10522 LAKE WILLIAMS DR<br/>ODESSA, FL 33556</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>3009 LYNWOOD CT<br/>LAND O' LAKES, FL 34638</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 606, Florida Statutes. |   |  |   |   |                                |
| <b>SIGNATURE:</b> <u><i>Vincent J. Puglisi</i></u>   |   |  | <u>3-17-06</u>  |   | <u>813-746-5575</u>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date</small>   |   | <small>Daytime Phone #</small> |