


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90147 033 \*\*\*\*50.00

DOCUMENT # L05000007250					
1. Entity Name CDS CLEAN AIR, LLC					
Principal Place of Business <del>11891 U.S. HIGHWAY ONE</del> <del>SUITE 100</del> NORTH PALM BEACH, FL 33408			Mailing Address <del>11891 U.S. HIGHWAY ONE</del> <del>SUITE 100</del> NORTH PALM BEACH, FL 33408		
2. Principal Place of Business <u>95 N.E. 4TH AVE</u>			3. Mailing Address <u>SAME</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Delray Beach, FL</u>			City & State <u>SAME</u>		
Zip <u>33483</u>		Country <u>FLORIDA</u>		4. FEI Number <u>20-2369106</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <del>HACKNEY, ROBERT G</del> <del>11891 U.S. HIGHWAY ONE</del> <del>STE. 100</del> <del>NORTH PALM BEACH, FL 33408</del>			7. Name and Address of New Registered Agent Name <u>W.H. MILMOE</u> Street Address (P.O. Box Number is Not Acceptable) <u>CDS INTERNATIONAL HOLDINGS INC</u> <u>95 NORTH EAST FOURTH AVE</u> City <u>DELRAY BEACH</u> FL Zip Code <u>33483</u>		
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 <u>[Signature]</u> <u>W.H. MILMOE</u> <u>4/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<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 checked="" type="checkbox"/> Addition	
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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: <u>[Signature]</u> <u>W.H. MILMOE</u> <u>4/2/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					