

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-02-2006 90035 003 ****50.00

| | | | | | |
|--|---------------------------------|--|---|---|--|
| DOCUMENT # L05000007530 1. Entity Name MUSTANG VACUUM SYSTEMS, LLC | | | | | |
| Principal Place of Business 14822 BELLEZZA LANE NAPLES, FL 34110 | | | Mailing Address 14822 BELLEZZA LANE NAPLES, FL 34110 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 04-3805116 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GANZHORN, DEAN K 14822 BELLEZZA LANE NAPLES, FL 34110 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) | | | | | |
| 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 | |
| [Empty Row] | | | MGR Dean K. Ganzhorn 14822 Bellezza Lane Naples, Florida 34110 | | |
| [Empty Row] | | | MGR Donald W. Ganzhorn, Jr. 14822 Bellezza Lane Naples, Florida 34110 | | |
| [Empty Row] | | | MGR Richard Greenwell 19 N. Blvd. of the Presidents Sarasota, Florida 34236 | | |
| [Empty Row] | | | [Empty Row] | | |
| [Empty Row] | | | [Empty Row] | | |
| [Empty Row] | | | [Empty Row] | | |
| 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: | | | 4-28-2006 (330) 963-5400 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |

DEAN K. GANZHORN