2006 LIMITED LIABILITY COLIPANY **ANNUAL REPORT (AR)**

Feb 27, 2006 8:00 am Secretary of State **DOCUMENT # L05000034995** 02-09-2006 90145 012 ****50.00 EFFICIENCY INVENTIONS & PATENTS LICENSING, LLC Maiting Address Principal Place of Business 1940 TRANQUILITY LANE PO BOX 2344 TITUSVILLE FL 32781-2344 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State 4. FEI Number City & State Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOSTER, STANLEY E 1940 TRANQUILITY LANE TITUSVILLE FL 32796 Street Address (P.O. 80x Number is Not Acceptable) 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 significe required when reinstating) Signature, typed or printed name or registerior agains and side 4 applicables. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2008 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TETT F ☐ Change

Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7P TITLE ☐ Change ■ Addition HNE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deléte Change Addition TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-2IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

321-267-6833

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

EFFICIENCY INVENTIONS & PATENTS LICENSING, LLC PO BOX 2344 TITUSVILLE, FL 32781-2344

Subject: EFFICIENCY INVENTIONS & PATENTS LICENSING, LLC

Reference Number:

L05000034995

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS

ANNUAL REPORTS SECTION

NOTE: NOTHING HAS CHANCES REGARDING.
REGISTERED AGENT AND MOR_I
AM Both as The ONLY MEMEMBER.