

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90018 016 ****50.00

DOCUMENT # L05000079847

1. Entity Name
CLEAN COAL TECHNOLOGY, LLC



Principal Place of Business
**225 FLAME AVE
MAITLAND, FL 32751**

Mailing Address
**225 FLAME AVE
MAITLAND, FL 32751**

2. Principal Place of Business
**1201 N. STATE RD 7
Suite, Apt. #, etc.
A 2185**

3. Mailing Address
**PO Box 210333
Suite, Apt. #, etc.**

City & State
Royal Palm Bch FL.
Zip
33411
Country
USA

City & State
Royal Palm Bch FL.
Zip
33421
Country
USA

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
134330887
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SPRUELL, HAROLD D
225 FLAME AVE
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent
Name
BERGMANN, JOSEPH R.
Street Address (P.O. Box Number is Not Acceptable)
1744 BREAKERS WEST BLVD
City
West Palm Bch FL Zip Code
33411

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

Joseph R. Bergmann
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/14/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGMANN, JOSEPH R P.O. BOX 210333 RYAL PALM BEACH, FL 33421	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 608, Florida Statutes.

SIGNATURE

Joseph R. Bergmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/06 (541) 236 9552
Date Daytime Phone #