2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088018

1. Entity Name CMP REFRACTORIES, LLC



Principal Place of Business

Malling Address

6816 SATINLEAF ROAD SOUTH

6816 SATINLEAF ROAD SOUTH #104

#104 NAPLES, FL 34109

NAPLES, FL 34109

FILED Sep 15, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

05062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3428940

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DRIVE NAPLES, FL 34103

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The above named entity submits this statement for the purpose of changil the obligations of registered agent.	ng its registered office or registered agent, or bo	th, in the State of Florida. 1:	am familiar with, and accept
SIGNATURE Signature, hyped or printed name of registered agent and side if applicable,	(NOTE: Registered Agent signature required when reinstating)	DAT	E

FILE NOW!!! FEE 18 \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited tiability company did not receive the prior notice.

.000000959757 -09/15/08-80005 138.

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NEARY, ROBERT M JR. NAME 6816 SATINLEAF ROAD SOUTH #104 STREET ADDRESS CITY-S1-7/P NAPLES, FL 34109 me STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ANDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTIY-ST-ZP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 eath; 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. ort as required by Chapter

R. M NEA12Y-1

9/11/08, (609) 602 8768

Dete Deptime Phone 6

SIGNATURE:

ER, OR AUTHORIZED REPRESENTATIVE