

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095231

FILED
Apr 28, 2007
Secretary of State

Entity Name: FUEL DESIGN GROUP, LLC

Current Principal Place of Business:

3712 FOXFORD CIRCLE
TALLAHASSEE, FL 32309

New Principal Place of Business:

3425 THOMASVILLE ROAD
SUITE 7
TALLAHASSEE, FL 32309

Current Mailing Address:

3712 FOXFORD CIRCLE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 03-0576826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, DAVID BRIAN
3712 FOXFORD CIRCLE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLARK, DAVID BRIAN
Address: 3712 FOXFORD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: CLARK, SHERRIE DIANE
Address: 3712 FOXFORD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: DIXON, LAURA ALICE
Address: 2000 NORTH MERIDIAN RD., APT 105
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID BRIAN CLARK

MGRM

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date