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# FILED
# May 04, 2006 8:00 am
# Secretary of State

04-20-2006 90027 050 ****55.00

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000097316

1. Entity Name
INTERMED GAS PRODUCTS, LLC

J00007040

| Principal Place of Business | Mailing Address |
|---|---|
| 4100 N. POWERLINE ROAD<br>SUITE U4<br>POMPANO BEACH, FL 33073 | 4100 N. POWERLINE ROAD<br>SUITE U4<br>POMPANO BEACH, FL 33073 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 305 TRIESTE DRIVE | 305 TRIESTE DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PALM BEACH GARDENS, FL. | City & State: PALM BEACH GARDENS, FL. |
| Zip: 33418 Country: USA | Zip: 33418 Country: USA |

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-4787241 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LAING, MICHAEL<br>4100 N. POWERLINE ROAD<br>SUITE U4<br>POMPANO BEACH, FL 33073 | Name: MICHAEL LAING<br>Street Address (P.O. Box Number is Not Acceptable): 305 TRIESTE DR<br>City: PALM BEACH GARDENS FL Zip Code: 33418 |

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: Michael P. Laing 4/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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: MGRM<br>NAME: LAING, MICHAEL P<br>STREET ADDRESS: 4100 N. POWERLINE ROAD, SUITE U4<br>CITY-ST-ZIP: POMPANO BEACH, FL 33073 | ☐ Delete | TITLE: MGRM<br>NAME: LAING MICHAEL P.<br>STREET ADDRESS: 305 TRIESTE DRIVE<br>CITY-ST-ZIP: PALM BEACH GARDENS, FL. 33418 | ☑ Change ☐ Addition |
| TITLE: MGRM<br>NAME: MURRAY, WILLIAM D<br>STREET ADDRESS: 200 EAST ROYAL PALM ROAD #303<br>CITY-ST-ZIP: BOCA RATON, FL 33432 | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ 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: William D. Murray WILLIAM D. MURRAY 4-13-06 (561-483-1364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #