2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

JUUU7U40

04142006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000097316

1. Entity Name
INTERMED GAS PRODUCTS, LLC

Principal Place of Business	Mailing Address
4100 N. POWERLINE ROAD SUITE U4 POMPANO BEACH, FL 33073	4100 N. POWERLINE ROAD SUITE U4 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

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 4100 N. POWERLINE ROAD SUITE U4 POMPANO BEACH, FL 33073	Name: MICHAEL LAING Street Address (P.O. Box Number is Not Acceptable): 305 TRIESTE DR 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 [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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAING, MICHAEL P 4100 N. POWERLINE ROAD, SUITE U4 POMPANO BEACH, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAING MICHAEL P. 305 TRIESTE DRIVE PALM BEACH GARDENS, FL. 33418	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, WILLIAM D 200 EAST ROYAL PALM ROAD #303 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 #