

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000054536

FILED
May 12, 2009
Secretary of State**Entity Name:** AUSTIN ROBERT PRESSURE SYSTEMS LLC**Current Principal Place of Business:**6143 SE ORANGE BLOSSOM TRAIL
HOBE SOUND, FL 33455 US**New Principal Place of Business:****Current Mailing Address:**6143 SE ORANGE BLOSSOM TRAIL
HOBE SOUND, FL 33455 US**New Mailing Address:****FEI Number:** 30-0421283**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BITTLE, ROBERT
6143 SE ORANGE BLOSSOM TRAIL
HOBE SOUND, FL 33455 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:** MGR () Delete
Name: BITTLE, ROBERT
Address: 6143 SE ORANGE BLOSSOM TR.
City-St-Zip: HOBE SOUND, FL 33455 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: FOLLIS, TERRY E MGR
Address: 209 3RD STREET
City-St-Zip: JUPITER, FL 33455 US

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: ROBERT BITTLE

MGR

05/12/2009

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