Jul-08-08 01:10P P.01

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -8 PM 4:33

DOCUMENT # L07000085568

1. Entity Name
CUSTOM RADIATOR ENCLOSURES, LLC

Principal Place of Business	Mailing Address
1650 NE 26TH ST, SUITE 105 WILTON MANORS, FL 33301-431 US	1650 NE 26TH ST, SUITE 105 WILTON MANORS, FL 33301-431 US

04/28/08 90053 033 *138.75
01142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 26-0759503 ☐ 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
BEGGS, WILLIAM F 6278 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	Name: IRWIN BERLINER Street Address (P.O. Box Number is Not Acceptable): 1650 NE 26th Street SUITE 105 City: WILTON MANORS FL Zip Code: 33305

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] IRWIN BERLINER 4-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEGGS, WILLIAM F 6278 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER IRWIN BERLINER 1650 NE 26th ST, SUITE 105 WILTON MANORS, FL 33305	☐ 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
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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: [signature] 4-24-08 954-561-4299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #