

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089959

Entity Name: KLIMAX USA, LLC

FILED
May 20, 2008
Secretary of State

Current Principal Place of Business:

3111 FORTUNE WAY
B-14
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3111 FORTUNE WAY
B-14
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-0899458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: **Name and Address of New Registered Agent:**

WIGHT, GEOFFREY P
3111 FORTUNE WAY
B-14
WELLINGTON, FL 33414 US

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: PRADO-WIGHT, LICIA M
Address: 12173 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: WIGHT, GEOFFREY A
Address: 12173 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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

Title: MGR () Delete
Name: WIGHT, GEOFFREY P
Address: 12173 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: GEOFFREY P WIGHT

MGR

05/20/2008

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