

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000113929

FILED
May 06, 2009
Secretary of State**Entity Name:** G2 FUEL TECHNOLOGIES, LLC**Current Principal Place of Business:**300 E. MADISON ST
SUITE 225
TAMPA, FL 33602 US**New Principal Place of Business:****Current Mailing Address:**300 E. MADISON ST
SUITE 225
TAMPA, FL 33602 US**New Mailing Address:****FEI Number:** 22-3965449**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GIBSON, A. MICHAEL
2655 ULMERTON ROAD
SUITE 123
CLEARWATER, FL 33762 US**Name and Address of New Registered Agent:**GIBSON, A. MICHAEL
300 EAST MADISON STREET
#225
TAMPA, FL 33602 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: A. MICHAEL GIBSON

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: GIBSON, ADISA MICHAEL
Address: 300 E. MADISON STREET
City-St-Zip: TAMPA, FL 33602 US**Title:** MGRM (X) Delete
Name: MCGLYNN, JOHN P
Address: 620 7TH AVENUE S.
City-St-Zip: NAPLES, FL 34102 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: OBSIDEON HOLDINGS LLC
Address: 300 E. MADISON STREET
City-St-Zip: TAMPA, FL 33602 US**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: A. MICHAEL GIBSON

MGRM

05/06/2009

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