FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 APR 21 AN 8:38 Annual Report \$100,00 + \$103.75 Corporation Supplemental Fee **FILING FEE** \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT** #L9500000337 ENVIRONMENTAL BUILDING TECHNOLOGY, LIMITED COMPANY P.O. BOX 2078 601-603 S. FORT HARRISON AVE. CLEARWATER FL 34617-2078 CLEARWATER FL 34616 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2a. Mailing Address 2 Principal Place of Business 3a. State of Formation 3. Date Organized or Qualified 603 S. Fort Harrison P.O.Box 2078 D4/27/1995 FЬ Suite, Apt #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3321154 Not Apolicable Clearwater, FL ClearwaterFL 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 34616 USA USA 34617 0/17/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name LOFTUS, WILLIAM 603 S. FORT HARRISON AVE. Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34616 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR LOFTUS, WILLIAM E 603 S. FT. HARRISON AVE CLEARWATER FL 800002150288--7 -04/22/97--01033--009 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

William E. Loftus

NAME OF SIGNING MANAGING MEMBER OR MANAGER

30 Januaryu19977813-442-2142

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE