


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

APPROVED  
AND  
FILED

97 APR 23 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> 195000000368
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THERMAFIN MANUFACTURING, L.C.  
1057 ELLIS ROAD N.  
UNIT 2  
JACKSONVILLE FL 32254

1a. Principal Place of Business Address

1057 ELLIS ROAD N.  
UNIT 2  
JACKSONVILLE FL 32254

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/15/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3316831	
5. Date of Last Report	6. Certificate of Status Desired
02/08/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
KIRSCHNER MAIN PETRI, E GRAHAM TANNE ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7000002158637--8
Suite, Apt. #, etc.
-04/29/97--01085--010
****203.75 ****203.75
City
FL
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(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	NEWMAN, MICHAEL D	1057 ELLIS ROAD	JACKSONVILLE FL
MGR	BYROM, JOHN W	P.O. BOX 1865 N/A	GREEN COVE SPRINGS FL
MGR	QUINEY, WILLIAM T	P.O. BOX 1865 N/A	GREEN COVE SPRINGS FL
MGR	SMITH, JOHN R JR.	P.O. BOX 53315	JACKSONVILLE FL
MGR	HOHLE, THOMAS	HESSEGASSE 30 RH 11	1220 WIEN AUSTRIA
MGR	FEDRIZZI, THOMAS	VTZ VERSICHERUNGS TREUHAND ZURICH AG BAHNHOFPLATZ 9	8023 ZURICH

11. I do hereby certify that the information supplied with this filing 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.

SIGNATURE:  MICHAEL D. NEWMAN 4-15-97 (904) 695-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER *GENERAL MANAGER* Daytime Phone #