


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																													
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000368 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																													
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country																													
3. Date Organized or Qualified 5/15/95		3a. State of Formation FL																													
4. FEI Number 59-3316831		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Date of Last Report 4/6/98		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>																													
7. Name and Address of Current Registered Agent Kirschner Main Petrie Graham Tanner One Independent Drive Suite 2000 Jacksonville, FL 32202		8. Name and Address of New Registered Agent/Office Smith Hulsey & Busey 225 Water Street Suite 1800 Jacksonville, FL 32202																													
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. Smith Hulsey & Busey SIGNATURE By: <i>[Signature]</i> Vice-President DATE April 27, 1998 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>Newman, Michael-D.</td> <td>1057-Elis-Road</td> <td>Jacksonville, FL</td> </tr> <tr> <td>MGR</td> <td>Byrom, John-W.</td> <td>P.O.-Box-1865</td> <td>Green-Cove-Springs, FL</td> </tr> <tr> <td>MGR</td> <td>Smith, John-Ry-dr.</td> <td>P.O.-Box-53315</td> <td>Jacksonville, FL</td> </tr> <tr> <td>MGR</td> <td>Hohle, Thomas</td> <td>Hessegasse 30 RH11</td> <td>1220 Wien Austria</td> </tr> <tr> <td>MGR</td> <td>Pedrizzi, Thomas</td> <td>Vtz Versigherrungs, Treuha</td> <td>Bahnhofplatz 9; 8023</td> </tr> <tr> <td>MGRM</td> <td>Squires, Richard</td> <td>1057 Ellis Road N</td> <td>Jacksonville, FL 32254</td> </tr> </table>				10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	Newman, Michael-D.	1057-Elis-Road	Jacksonville, FL	MGR	Byrom, John-W.	P.O.-Box-1865	Green-Cove-Springs, FL	MGR	Smith, John-Ry-dr.	P.O.-Box-53315	Jacksonville, FL	MGR	Hohle, Thomas	Hessegasse 30 RH11	1220 Wien Austria	MGR	Pedrizzi, Thomas	Vtz Versigherrungs, Treuha	Bahnhofplatz 9; 8023	MGRM	Squires, Richard	1057 Ellis Road N	Jacksonville, FL 32254
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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: <i>[Signature]</i> Richard Squires (904) 695-2500 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>																															