


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90020 007 \*\*\*\*50.00

<b>DOCUMENT # L98000001424</b>					
<b>1. Entity Name</b> LO-CHLOR, L.C.					
<b>Principal Place of Business</b> 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309			<b>Mailing Address</b> 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 65-0853031				<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KENT, WILLIAM A 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONS, ANDREW L 140 VICTORIA ROAD, BELLEVUE HILL N.S.W. 2023, AUSTRALIA,	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT, WILLIAM A 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR CHISLING, GARY R 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP KENT, GERA 5755 POWERLINE RD FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. I 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 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.</b>					
<b>SIGNATURE:</b> <u>GARY CHISLING</u> <u>29.05</u> <u>954-772-6966</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

ATTACHMENT  
#L98000001424/20029794

**2005 ANNUAL REPORT  
ATTACHMENT**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ ADDITION

<b>TITLE:</b>	S
<b>NAME:</b>	BOLENBAUGH, CRAIG
<b>STREET ADDRESS:</b>	5755 POWERLINE ROAD
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33309