2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001424

1. Entity Name
LO-CHLOR, L.C.

Principal Place of Business	Mailing Address
5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309	5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309

01062006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0853031
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, WILLIAM A
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SIMONS, ANDREW L
STREET ADDRESS	140 VICTORIA ROAD, BELLEVUE HILL
CITY-ST-ZIP	N.S.W. 2023, AUSTRALIA,
TITLE	MGRM
NAME	KENT, WILLIAM A
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VT
NAME	CHISLING, GARY R
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	S
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80083-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: CRAIG BOLENBAUGH 1/6/06 954-772-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #