



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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em;">7/22</div> <div style="font-size: 1.2em;">99 JUL 19 AM 9:44</div>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <div style="font-size: 1.2em; font-weight: bold;">DOCUMENT # L98000001869</div> COOLANT TREATMENT SYSTEMS LLC 2741 ARDISIA LANE NAPLES FL 34109		1a. Principal Place of Business Address  2741 ARDISIA LANE NAPLES FL 34109			
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 <div style="font-size: 1.1em;">09/16/1998</div>	
				3a. State of Formation <div style="font-size: 1.1em;">FL</div>	
				4. FEI Number  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report  6. Certificate of Status Desired <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">\$8.75 Additional Fee Required</div> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  MARTINETTI, PHILIP CHEFFY, PASSIDOMO, WILSON & JOHNSON 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. <div style="font-size: 1.2em;">400002950534</div> <div style="font-size: 1.1em;">-08/04/93--01072--005</div> City <div style="font-size: 1.1em;">***588.75 ***588.75</div> <div style="font-size: 1.2em; font-weight: bold;">FL</div>		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CAMPBELL, J.D.	P.O. BOX 413005, #310		NAPLES FL	
MGRM	BURNHAM, J.C.	2741 ARDISIA LANE		NAPLES, FL	
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:  7/12/99 941-596-8181					