

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002821

Entity Name: ENTEC POLYMERS, LLC

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

2301 MAITLAND CENTER PARKWAY  
SUITE 240  
MAITLAND, FL 32751

## New Principal Place of Business:

1900 SUMMIT TOWER BLVD., SUITE 900  
ORLANDO, FL 32810

## Current Mailing Address:

2301 MAITLAND CENTER PARKWAY  
SUITE 240  
MAITLAND, FL 32751

## New Mailing Address:

1900 SUMMIT TOWER BLVD., SUITE 900  
ORLANDO, FL 32810

FEI Number: 59-3578213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASHTON, JAMES P  
2301 MAITLAND CENTER PARKWAY  
SUITE 240  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

ASHTON, JAMES  
1900 SUMMIT TOWER BLVD., SUITE 900  
ORLANDO, FL 32810 US

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.

SIGNATURE: JAMES ASHTON

04/26/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ENTEC POLYMERS, INC.,  
Address: 2301 MAITLAND CTR. PKWY., #240  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ENTEC POLYMERS, INC.,  
Address: 1900 SUMMIT TOWER BLVD., SUITE 900  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES ASHTON

CFO

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date