

# **2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L99000002821

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** ENTEC POLYMERS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: RAVAGO, S.A.,  
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

VP

04/27/2005

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