

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 008 ***143.75

DOCUMENT # L99000004045

1. Entity Name
CALOREX USA, LLC



Principal Place of Business

2213 ANDREA LANE
SUITE 110
FORT MYERS, FL 33912 US

Mailing Address

2213 ANDREA LANE
SUITE 110
FORT MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

65-0943885

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, MR R. REED
2213 ANDREA LANE
#110
FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | WILSON, MR. R. REED |
| STREET ADDRESS | 2213 ANDREA LANE |
| CITY-ST-ZIP | FORT MYERS, FL 33912 |
| TITLE | MGRM |
| NAME | AQUATHERM INDUSTRIES, INC. |
| STREET ADDRESS | 1940 RUTGERS UNIVERSITY BLVD |
| CITY-ST-ZIP | LAKEWOOD, NJ 08701 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

R. Reed Wilson R. REED WILSON 1/23/08 237-482-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #