

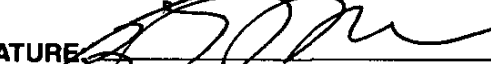


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90050 048 ****50.00

DOCUMENT # L99000008289			
1. Entity Name CEM EURO INDUSTRIES, LLC			
Principal Place of Business 1100 IMPERIAL DRIVE, SUITE 205 SARASOTA, FL 34236		Mailing Address 1100 IMPERIAL DRIVE, SUITE 205 SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04252005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-0964150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANNING, SANDRA 1100 IMPERIAL DRIVE, SUITE 205 SARASOTA, FL 34236		Name <i>Sandra Manning</i> Street Address (P.O. Box Number is Not Acceptable) <i>1100 Imperial Dr. #205</i> City <i>Sarasota</i> FL Zip Code <i>34236</i>	
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 <i>5/23/05</i>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, SANDRA 1100 IMPERIAL DRIVE, SUITE 205 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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 606, Florida Statutes.			
SIGNATURE 		DATE <i>5/23/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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04252005 Chg-LLC CR2E083 (10/03)

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 1100 IMPERIAL DRIVE, SUITE 205
 SARASOTA, FL 34236

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 Street Address (P.O. Box Number is Not Acceptable)
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SIGNATURE 

DATE *5/23/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #