## FILED Mar 15, 2005 8:00 am Secretary of State

2005 LIMITED LIABILITY COMPANY		Mar 15, 20
ANNUAL REPORT		Secretary
11000001110		<i>J</i>

DOCUMENT # M02000001418 03-15-2005 90350 039 \*\*\*\*55.00 ADVANCED TURBINE PRODUCTS, LLC といいし エロロト Principal Place of Business Mailing Address 7289 GARDEN ROAD, STE 103 7289 GARDEN ROAD, STE 103 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02252005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 74-3046085 Not Applicable Zip. Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent... 6. Name and Address of Current Registered Agent -Name VACEK, GLEN Street Address (P.O. Box Number is Not Acceptable) 7289 GARDEN ROAD, STE 103 RIVIERA BEACH, FL 33404 City Zip Code 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGR MGRM Addition TITLE Delete TITLE David Musselman CARPENTER, KEVIN NAME NAME 62 Forest St., Suite 102 **7289 GARDEN RD STE 103** STREET ADDRESS STREET ADDRESS Marlborough, MA 01752 CITY-ST-ZIP WEST PALM BEACH, FL 33404 CITY-ST-ZIP - c/o International former Pla TITLE TITLE Delete Paul Evans DIVITO, RICHARD NAME NAME Senator House, 85 Queen Victoria St. STREET ADDRESS **7289 GARDEN RD STE 103** STREET ADDRESS EC4V 40P United Kingdom CITY-ST-7IP WEST PALM BEACH, FL 33404 CITY-ST-7IP X Delete TITLE ☐ Change ☐ Addition TITLE SULLIVAN, ROBERT NAME **7289 GARDEN RD STE 103** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33404 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . 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 608, Florida Statutes.

SIGNATURE:

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

25/05 (561)844-

Daytime Phone #