

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002486

Entity Name: WARRIOR SYNFOEL, LLC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

2875 SOUTH OCEAN BLVD., SUITE 200-29
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

2875 SOUTH OCEAN BLVD., SUITE 200-29
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 63-1243498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGRM () Delete
Name: AVERETT, JOHN
Address: 2875 SOUTH OCEAN BLVD., SUITE 200-29
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: BEAN, F. RAYMON
Address: 2875 SOUTH OCEAN BLVD. STE. 200-29
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: MCCLURE, MIKE
Address: 2875 SOUTH OCEAN BLVD. STE. 200-29
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN AVERETT

MGRM

01/19/2006

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