

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90062 015 \*\*\*\*50.00

**DOCUMENT # M03000000768**

1. Entity Name  
**THE NANOSTEEL COMPANY, LLC**



Principal Place of Business  
**485 NORTH KELLER ROAD, STE. 100  
MAITLAND, FL 32751**

Mailing Address  
**485 NORTH KELLER ROAD, STE. 100  
MAITLAND, FL 32751**

**24081653**



07262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-1965721**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHEINBLUM, MARK  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BUFFA, JOSEPH  
485 NORTH KELLER ROAD, STE. 100  
MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ZANCHUK, WALTER A  
485 NORTH KELLER ROAD, STE. 100  
MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SWANSON, LARS A  
485 NORTH KELLER ROAD, STE. 100  
MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ROTTENBERG, JASON  
485 NORTH KELLER ROAD, STE. 100  
MAITLAND, FL 32751**

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 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, OR AUTHORIZED REPRESENTATIVE

**JOSEPH BUFFA**

**08-12-04 (407) 838-1427**

Date

Daytime Phone #