2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M0300000768



09-06-2005 90047 014 ****50 00

1. Entity Name THE NANOSTEEL COMPANY, LLC						09-00-2003		
Principal Place of Business 485 NORTH KELLER ROAD, STE. 100 MAITLAND, FL 32751		Mailing Address 485 NORTH KELLER ROAD, STE. 100 MAITLAND, FL 32751			20067825			
Principal Place of Business 3. Mailing Addre		3. Mailing Address	dress					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062005	Chg-LLC	CR2E083 (10/03))	
City & State		City & State		4. FEI Number 43-196			pplied For	
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desiréd	S5.00 Ac	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
SCHEINBLUM, MARK				Name Street Address (B.O. Box Number in Not Associable)				
215 NORTH EOLA DRIVE ORLANDO, FL 32801			:	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	de
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or r	registered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. {NOT	E: Registere	d Agent signature	e required when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 7, 2005								
Fil Due b	ling Fee is \$50.00 by September 7, 2005						te check payable to a Department of Sta	te
Fill Due b	ling Fee is \$50.00 by September 7, 2005 MANAGING MEMBE	RS/MANAGERS	10.				a Department of Sta	te
9. TITLE NAME	MANAGING MEMBE MGR BUFFA, JOSEPH	☐ Delete	TITLE	E 1	MGR RABINOWITZ, STEPHEN	ADDITIONS	a Department of Sta	te
9.	Dy September 7, 2005 MANAGING MEMBE MGR	☐ Delete	NAMI STRE	E I ET AODRESS		ADDITIONS	A Department of Sta	
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11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND THE TAME OF STUNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Description Property Property Company Control of the Cont