


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90024 036 \*\*\*\*50.00

<b>DOCUMENT # M04000001934</b>	
1. Entity Name <b>CARBONTRONICS, LLC</b>	

Principal Place of Business <b>1401 MANATEE AVENUE WEST, SUITE 910 BRADENTON, FL 34205</b>	Mailing Address <b>1401 MANATEE AVENUE WEST, SUITE 910 BRADENTON, FL 34205</b>
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2. Principal Place of Business - No P.O. Box # <b>1075 Harbor Island Ln</b>	3. Mailing Address <b>1075 Harbor Island Ln</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Vero Beach, FL</b>	City & State <b>Vero Beach, FL</b>
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Zip <b>32967</b>	Country <b>USA</b>	Zip <b>32967</b>	Country <b>USA</b>
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04192007 Chg-LLC CR2E083 (12/06)

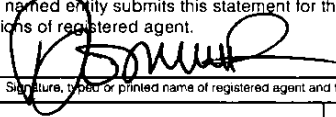
4. FEI Number <b>04-3405004</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MURRELL, FREDERICK J % CARBON RESOURCES, INC. 1401 MANATEE AVENUE WEST, SUITE 910 BRADENTON, FL 34205</b>	
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7. Name and Address of New Registered Agent Name <b>Douglas E. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>1075 Harbor Island Ln</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32967</b>	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **4/24/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MURRELL, FREDERICK J 1401 MANATEE AVENUE WEST, SUITE 910 BRADENTON, FL 34205</b> <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	<b>MGR MILLER, DOUGLAS E 1075 HARBOR ISLAND LANE VERO BEACH, FL 32967</b> <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	<b>MGR ELLIOTT, E.J. 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810</b> <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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**4/24/07 772 569-3592**