

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90022 003 ***150.00

DOCUMENT # M04000001937

1. Entity Name
CARBONTRONICS II, LLC



Principal Place of Business

**1401 MANATEE AVENUE WEST, SUITE 910
BRADENTON, FL 34205**

Mailing Address

**1401 MANATEE AVENUE WEST, SUITE 910
BRADENTON, FL 34205**

00000000



03102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **90-0242765**
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, FREDERICK J
% CARBON RESOURCES, INC.
1401 MANATEE AVENUE WEST, SUITE 910
BRADENTON, FL 34205**

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MURRELL, FREDERICK J
1401 MANATEE AVENUE WEST, SUITE 910
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MILLER, DOUGLAS E
1075 HARBOR ISLAND LANE
VERO BEACH, FL 32967**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELLIOTT, E.J.
5201 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06 (941) 747-2630