

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2007 90024 037 \*\*\*\*50.00

**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**

2. Principal Place of Business - No P.O. Box #  
**1075 Harbor Island Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**1075 Harbor Island Ln**  
Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**  
Zip  
**32967**  
Country  
**USA**

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**Vero Beach, FL**  
Zip  
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**USA**

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**90-0242765**  
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**

**7. Name and Address of New Registered Agent**

Name **Douglas E. Miller**

Street Address (P.O. Box Number is Not Acceptable)

**1075 Harbor Island Ln**

City **Vero Beach**

**FL** Zip Code **32967**

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

**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**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

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

Date

Daytime Phone #