2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# M04000005246

Entity Name: AIR LIQUIDE ELECTRONICS GP LLC

Current Principal Place of Business:

2700 POST OAK BOULEVARD, SUITE 1800
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

2700 POST OAK BOULEVARD, SUITE 1800
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 55-0884183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 N DUVAL ST.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FONTAINE, CHRISTOPHER	
Address:	2700 POST OAK BOULEVARD, SUITE 1800	
City-St-Zip:	HOUSTON, TX 77056	
Title:	MGR	( ) Delete
Name:	JAHR, RICH	
Address:	2700 POST OAK BOULEVARD, SUITE 1800	
City-St-Zip:	HOUSTON, TX 77056	
Title:	MGR	( ) Delete
Name:	CHIN, B.K.	
Address:	2700 POST OAK BOULEVARD, SUITE 1800	
City-St-Zip:	HOUSTON, TX 77056	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BK CHIN MGR 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date