


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90102 036 ****50.00

DOCUMENT # M06000001574	
1. Entity Name THALES NANOTECHNOLOGY LLC	

Principal Place of Business 16425 COLLINS AVENUE, PH15 SUNNY ISLES BEACH, FL 33160	Mailing Address 16425 COLLINS AVENUE, PH15 SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business - No P.O. Box # 9751 E. BAY HARBOR DR.	3. Mailing Address
Suite, Apt. #, etc. 1502	Suite, Apt. #, etc.

City & State BAY HARBOR ISLANDS, FL.	City & State
Zip 33154	Country USA

00000120



07122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent DARVAS, FERENC 16425 COLLINS AVENUE, PH15 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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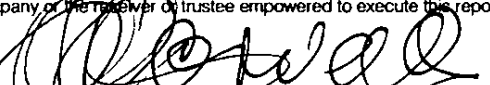
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DARVAS, FERENC 16425 COLLINS AVENUE, PH15 SUNNY ISLES BEACH, FL 33160 <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
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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 transferor 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 #