2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006230

Name:

Address:

City-St-Zip:

HUGNENDEN AVE

HIGH WYCOMBE BUCKS, HP13 58F

Entity Name: MAKO COMPRESSORS, LLC

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1634 SW 17TH STREET OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 1634 SW 17TH STREET OCALA, FL 34471 FEI Number: 20-8704906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete PRITTS, MILTON Name: Name: Address: 1634 SW 17TH STREET Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MONN, GAVIN Name: Address: 130 FOX DRIVE Address: City-St-Zip: PIQUA, OH 45356 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DUNSON, SUSAN Name: Name: Address: 130 FOX DRIVE Address: City-St-Zip: PIQUA, OH 45356 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SANDERS, NICHOLAS I.B.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HELEN HELPLING 03/02/2009