


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 045 ****50.00

DOCUMENT # M99000000055			
1. Entity Name C3 CHEMICAL VENTURES, LLC			
Principal Place of Business 777 S. HARBOUR ISLAND BLVD., SUITE 250 TAMPA, FL 33602		Mailing Address 777 S. HARBOUR ISLAND BLVD., SUITE 250 TAMPA, FL 33602	
2. Principal Place of Business 6513 Stonington Drive		3. Mailing Address 16057 Tampa Palms Blvd. W	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 417	
City & State Tampa FL		City & State Tampa, FL	
Zip 33647	Country Hillsborough	Zip 33647-2001	Country Hillsborough
4. FEI Number 43-1739139		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME HOLT, WILLIAM S	TITLE MGR	NAME Holt, William S
STREET ADDRESS 777 SOUTH HARBOUR ISLAND BLVD., SUITE 250	CITY-ST-ZIP TAMPA, FL 33602	STREET ADDRESS 6407 Dolphin Shores Drive	CITY-ST-ZIP Panama City Beach, FL 32407
TITLE MGR	NAME WILSON, DOUGLAS H	TITLE MGR	NAME Wilson Douglas E
STREET ADDRESS 777 SOUTH HARBOUR ISLAND BLVD., SUITE 250	CITY-ST-ZIP TAMPA, FL 33602	STREET ADDRESS 6513 Stonington Drive	CITY-ST-ZIP Tampa, FL 33647
TITLE MGR	NAME C3 CAPITAL, LLC	TITLE MGR	NAME C3 CAPITAL, LLC
STREET ADDRESS 4520 MAIN STREET, SUITE 1600	CITY-ST-ZIP KANSAS CITY, MO 64111	STREET ADDRESS 4520 MAIN STREET, SUITE 1600	CITY-ST-ZIP KANSAS CITY, MO 64111
TITLE MGR	NAME C3 CAPITAL, LLC	TITLE MGR	NAME C3 CAPITAL, LLC
STREET ADDRESS 4520 MAIN STREET, SUITE 1600	CITY-ST-ZIP KANSAS CITY, MO 64111	STREET ADDRESS 4520 MAIN STREET, SUITE 1600	CITY-ST-ZIP KANSAS CITY, MO 64111
TITLE MGR	NAME C3 CAPITAL, LLC	TITLE MGR	NAME C3 CAPITAL, LLC
STREET ADDRESS 4520 MAIN STREET, SUITE 1600	CITY-ST-ZIP KANSAS CITY, MO 64111	STREET ADDRESS 4520 MAIN STREET, SUITE 1600	CITY-ST-ZIP KANSAS CITY, MO 64111
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Douglas E. Wilson</u>		SIGNATURE: <u>Douglas E. Wilson</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>2/17/04</u> DAYTIME PHONE # <u>813-971-0140</u>	