

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000247

1. Entity Name
CHENEGA TECHNICAL PRODUCTS, LLC



Principal Place of Business
**1509 ST ANDREWS BLVD.
PANAMA CITY, FL 32405**

Mailing Address
**1509 ST ANDREWS BLVD.
PANAMA CITY, FL 32405**



02072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0165935

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, EVERETT
1509 ST. ANDREWS BOULEVARD
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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 reappointment)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHENEGA CORPORATION
4000 OLD SEWARD HIGHWAY, SUITE 101
ANCHORAGE, AK 99503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
PIQUINI MANAGEMENT CORPORATION
6613 BRAYTON DR.
ANCHORAGE, AL 99507**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000068830
02/27/04-80059-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Christy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-19-04
Date

Daytime Phone # _____