


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90067 008 \*\*\*\*50.00

<b>DOCUMENT # M99000000517</b>					
<b>1. Entity Name</b> SOUTH ATLANTIC FIRESTOP SUPPLY, LLC.					
<b>Principal Place of Business</b> 807 AVON RD. WEST PALM BEACH, FL 33401			<b>Mailing Address</b> P.O. BOX 1656 WEST PALM BEACH, FL 33402		
<b>2. Principal Place of Business</b> 6250 NW 28th Way		<b>3. Mailing Address</b> P.O. Box 297407			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Lauderdale, FL		<b>City &amp; State</b> Pembroke Pines, FL		<b>4. FEI Number</b> 22-3644550	
<b>Zip</b> 3309		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SLAYDON, GREG 807 AVON RD. WEST PALM BEACH, FL 33401		<b>7. Name and Address of New Registered Agent</b> Name: John Rosario Street Address (P.O. Box Number is Not Acceptable): 2801 SW 195th Terrace City: Miramar FL Zip Code: 33029			
<b>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.</b> SIGNATURE: <i>John Rosario</i> DATE: 4/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> SLAYDON, GREG <b>STREET ADDRESS</b> 807 AVON RD. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> John Rosario <b>STREET ADDRESS</b> 2801 SW 195th Terrace <b>CITY-ST-ZIP</b> Miramar, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> Russell Mantione c/o Specified Technologies <b>STREET ADDRESS</b> 200 Evans Way Suite 2 <b>CITY-ST-ZIP</b> Somerville NJ 08876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> Charbel Tagher c/o Specified Technologies <b>STREET ADDRESS</b> 200 Evans Way Suite 2 <b>CITY-ST-ZIP</b> Somerville, NJ 08876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: 4/10/2004 Daytime Phone #: 908586-8000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					