

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90155 015 *****55.00

20025727



02252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M99000000833					
1. Entity Name WASTE ENERGY TECHNOLOGY, LLC					
Principal Place of Business 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 32548			Mailing Address 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 32548		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3571954	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, JERRY 11 TUPELO AVE SE FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name: Peterson, Terry Street Address (P.O. Box Number is Not Acceptable) 11 Tupelo Ave SE City: Ft Walton Beach FL Zip Code: 32548		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 32548	<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	MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Getting, James A 11 Tupelo Ave, SE Fort Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMITT, JOHN R 411 SEVENTH AVE., 15TH FL PITTSBURGH, PA 15219	<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	MGR BANK, DANIEL L 411 SEVENTH AVE., 15TH FL PITTSBURGH, PA 15219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bank, Daniel 411 Seventh Ave, 15th Floor Pittsburgh, PA 15219 <input checked="" 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	
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	
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: 			3/30/05 850-243-0033		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		