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Secretary of State
03-25-2004 90214 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010708

1. Entity Name
AUTOMATED MEASUREMENT SYSTEMS, LLC

Principal Place of Business	Mailing Address
1620 MASON AVE SUITE F DAYTONA BEACH, FL 32117	ATTN: MARK VIVINO PO BOX 730179 ORMOND BEACH, FL 32173-0179

DO NOT WRITE IN THIS SPACE

02262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3668606
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VIVINO, MARK A
1430 Mason Ave Suite B
Daytona Beach, FL 32117

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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 Mark A. Vivino Mgr DATE 3/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VIVINO, MARK A
STREET ADDRESS	PO BOX 730179
CITY-ST-ZIP	ORMOND BEACH, FL 32173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: 3/19/04 (366) 212-3954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #