

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90128 036 \*\*\*\*50.00

DOCUMENT # L00000010708

1. Entity Name  
 AUTOMATED MEASUREMENT SYSTEMS, LLC



Principal Place of Business      Mailing Address  
 7620 MASON AVE      41 Stoney Ridge Ln      ATTN: MARK VIVINO  
 SUITE F      Ormond Beach, FL      PO BOX 730179  
 DAYTONA BEACH, FL 32117      32174      ORMOND BEACH, FL 32173-0179

20025679



01142005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3668606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVINO, MARK A  
 41 Stoney Ridge Ln  
 7620 MASON AVE      Ormond Beach, FL  
 SUITE B      32174  
 DAYTONA BEACH, FL 32117

**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: Mark A. Vivino      MGR      DATE: 3/25/05  
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, 2005**

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	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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: Mark A. Vivino      MGR      DATE: 3/25/05      Daytime Phone #: 386-212-3954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE