

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014012

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: GO SENSORS LLC

**Current Principal Place of Business:**

3600 TORREY PINES BLVD  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-1143975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LPS CORPORATE SERVICES, INC.  
46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PETRIK, GERD  
Address: 3600 TORREY PINES BLVD.  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: ARMSTRONG, BRIAN  
Address: 4107 N. PROSPECT AVE.  
City-St-Zip: SHOREWOOD, WI 53211

Title: MGRM ( ) Delete  
Name: SCHMIDT, KARL  
Address: 2454 N. 96TH STREET  
City-St-Zip: WAUWATOSA, WI 53226

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERD PETRIK

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date