

FILED

03 JUN -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000005708 1. Entity Name ELECTROMARINE, L.L.C.																									
Principal Place of Business 13607 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES, FL 32778		Mailing Address 13607 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES, FL 32778																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 118 West Orange St Suite, Apt. #, etc.																							
City & State Zip		City & State Altamonte Springs, FL Zip 32714																							
4. Name and Address of Current Registered Agent CUNNINGHAM, ROBERT H JR. 13607 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES, FL 32778		7. Name and Address of New Registered Agent Name Kelley e. Goldberg, LLP Street Address (P.O. Box Number is Not Acceptable) 118 West Orange City Altamonte Springs FL Zip Code 32714																							
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. 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: <i>[Signature]</i> DATE: 5/1/03																									
FILED NOW ONLY FEE IS \$60.00 Make Check Payable to Florida Department of State Due 5/1/2003																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Robert Cunningham 13607 Southridge Industrial Dr TAVARES, FL 32779 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Robert Cunningham 13607 Southridge Industrial Dr TAVARES, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 806, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: APRIL 29, 2003																									

CREATED (10/02)