2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2005
Secretary of State

DOCUMENT# L02000010574

Entity Name: NAVI-TRONIX SYSTEMS, LLC

Current Principal Place of Business:

3100 STATE ROAD 84
BAY 105
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

1349 S.W. DYER POINT ROAD
PALM CITY, FL 34990

Current Mailing Address:

1819 NE 17TH WAY
FT. LAUDERDALE, FL 33305

New Mailing Address:

1349 S.W. DYER POINT ROAD
PALM CITY, FL 34990

FEI Number: 73-1639583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DELANY, STEPHEN F
1819 NE 17TH WAY
FT. LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

DELANY, STEPHEN F
1349 S.W. DYER POINT ROAD
PALM CITY, FL 34990 US

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: STEPHEN F. DELANY 07/10/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DELANY, STEPHEN F
Address: !819 NE 17TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DELANY, STEPHEN F
Address: 1349 S.W. DYER POINT ROAD
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN F. DELANY MGRM 07/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date