2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ROCKLIDGE FL 32955

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1853 TIMBERS WEST BLVD.

DOCUMENT # L02000028339

1. Entity Name

NAVAL ENGINEERING, LLC

Principal Place of Business

1853 TIMBERS WEST BLVD.

2. Principal Place of Business

ROCKLIDGE FL 32955

Suite, Apt. #, etc.

City & State

Zip

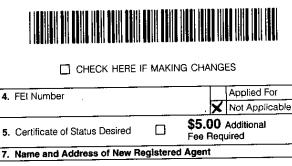
9.



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90050 013 ****50.00

20025638



ADDITIONS/CHANGES

COHEN, DAVID S 5728 MAJOR BLVD., SUITE 550 ORLANDO FL 32819

Country

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

| | | Lee Heduied | | | | | |
|---|-------------------|---------------------|--------------------|---------------------|------|--|--|
| 7. Name and Address of New Registered Agent | | | | | | | |
| Name | | . | | | | | |
| Street Addre | ss (P.O. Box Numb | oer is Not Accepta | ble) | | | | |
| City | | | | Zip Code | | | |
| | | -th is the State of | FL Florida Lam fal | miliar with, and ac | cent | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the the obligations of registered agent.

10.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Steven Kaufmann 1853 Timbers West Blud. Rockledge FL 32955 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Addition |
|---------------------------------------|---|----------|--|----------|-------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | Addition |
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| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition Addition |

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.

CITY-ST-ZIP

2/6/03