2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034640

Entity Name: EU-US, LLC

Address:

City-St-Zip:

BRADENTON, FL 34208

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3451 BAYOU SOUND LONGBOAT KEY, FL 34228 US **Current Mailing Address: New Mailing Address:** 3451 BAYOU SOUND LONGBOAT KEY, FL 34228 US FEI Number: 76-0721654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASON, NANCY E ESQUIRE 1900 RINGLING BLVD SARASOTA, FL 34236 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DE WAAL, CHARLOTTE Name: Name: 4915 1ST AVE EAST Address: Address: City-St-Zip: BRADENTON, FL 34208 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAGMAN, HELMER Name: Name: Address: 3451 BAYOU SOUND Address: City-St-Zip: LONGBOAT KEY, FL 34228 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAGMAN, HANS CHRISTIAN Name: Name: Address: 3451 BAYOU SOUND Address: City-St-Zip: LONGBOAT KEY, FL 34229 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAGMAN, CARL Name: Name: Address: 3451 BAYOU SOUND Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DE WAAL, MARIANNE Name: 4915-1ST AVENUE EAST

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.

Address:

City-St-Zip:

SIGNATURE: HELMER HAGMAN **MGRM** 04/05/2009