

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038624

FILED
Apr 12, 2004
Secretary of State

Entity Name: SENSOR TECHNOLOGIES FOR MARINE ENVIRONMENTS (STME), LLC

Current Principal Place of Business:

2369 EDGEWATER DRIVE
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

2369 EDGEWATER DRIVE
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 01-0811417 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: BIELANOS, MICHAEL J
Address: 1354 BUCKS HILL ROAD
City-St-Zip: SOUTHURY, CT 064882470 US

Title: MGRM () Delete
Name: JACOBS, WILLIAM
Address: 6006 LAS COLINAS CIRCLE
City-St-Zip: LAKEWORTH, FL 334636560 US

Title: MGRM () Delete
Name: FULLILOVE, ALAN
Address: 2369 EDGEWATER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406 US

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 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: MICHAEL BIELANOS

MR

04/12/2004

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