

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054628

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: CELTIC MARINE ELECTRONICS, LLC

**Current Principal Place of Business:**

1204 FOSTERS MILL LANE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

1204 FOSTERS MILL LANE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 20-0500486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLAUGHLIN, BRIAN  
1204 FOSTERS MILL LANE  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

MCLAUGHLIN, BRIAN K  
1204 FOSTERS MILL LANE  
BOYNTON BEACH, FL 33436 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: BRIAN MCLAUGHLIN

04/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCLAUGHLIN, BRIAN K  
Address: 1204 FOSTERS MILL LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM ( ) Delete  
Name: MCLAUGHLIN, ANNE-MARIE  
Address: 1204 FOSTERS MILL LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

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 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.

SIGNATURE: BRIAN MCLAUGHLIN

MGRM

04/14/2007

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