2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # L04000032969 04-26-2005 90010 045 ***150.00 NAVCON ENGINEERING SERVICES USA LLC Principal Place of Business Mailing Address 6958 VENTURE CIRCLE 6958 VENTURE CIRCLE ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number 55 - 0865734. City & State City & State Applied For Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JETTERSON - PRICE CHOPPER Ire SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 6958 VENTURE akeus **MIAMI FL 33145** Zip Code 32807 8. 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. I am familiar with, and accept the obligations of registered agent. $^{\prime}$ മ JEZZ SOOKHARME SIGNATURE (NOTE Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MLE MGR TITLE Change ☐ Addition Del ete SNOOKNARINE, JEFFERSON NAME NAME STREET ADDRESS STREET ADDRESS 6958 VENTURE CIRCLE CITY-ST-ZIP ORLANDO FL 32807 CITY-ST-ZIP Delete ☐ Change ☐ Addition RAMADHAR, SUNIL STREET ADDRESS 6958 VENTURE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32807 Change Addition TITLE ☐ Delete DILLE NAME NAME RAMADHAR, SUNIL STREET ADDRESS STREET ADDRESS 6958 VENTURE CIRCLE CITY-ST-ZIP ORLANDO FL 32807 CITY-ST-ZIP ☐ Addition Delete SOOKNARINE, JEFFERSON NAME STREET ADDRESS 6958 VENTURE CIRCLE STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-7IP TITL F Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED