2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 14, 2007 08:00 AM DOCUMENT # L04000072441 **Secretary of State** 1. Entity Name DOCKRIDER SYSTEMS, LLC Principal Place of Business Mailing Address 4114 HERSCHEL STREET, STE. 107 JACKSONVILLE FL 32210 4114 HERSCHEL STREET, STE. 107 JACKSONVILLE FL 32210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite. Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-1823408 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAMPE, WALTER M Street Address (P.O. Box Number is Not Acceptable) 4440 MERRIMAC AVENUE JACKSONVILLE FL 32210 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered again and life a applicable. (NOTE, Registered Agent signature required when teinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change ☐ Addition TIT1E ☐ Delete TIRE MGR U00000635397 NAME NAME LAMPE, WALTER M STREET ADDRESS 02/23/07-80012-023 50.00 STREEL ADDRESS 4440 MERRIMAC AVENUE CITY-ST-ZIP CITY - ST - ZIP JACKSONVILLE FL 32210 Change ☐ Addition ШU ☐ Defete NAM STREET ADDRESS STREET ADDRESS CHY-ST- NP CHY-SJ-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Defete HILE MU. NAME. NAMO STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-/IP Addition ☐ Dolole TIFLE Change HHE. NAMI NAME STRUTT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change DHE TITU: ☐ Delete NAMI' NAMI. STREET ADDRESS STREET ADDRESS

11. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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.

CHY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

A TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMB

7/1/07

904-388-7020

FILED