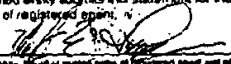
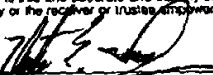


FILED
May 21, 2008 8:00 am
Secretary of State

02-19-2008 90065 031 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000072441																																										
1. Entity Name DOCKRIDER SYSTEMS, LLC																																										
Principal Place of Business 4114 HERSCHEL STREET, STE. 107 JACKSONVILLE, FL 32210		Mailing Address 4114 HERSCHEL STREET, STE. 107 JACKSONVILLE, FL 32210																																								
DO NOT WRITE IN THIS SPACE																																										
		01252008 No Chg-LLC CR2E083 (12/07)																																								
		4. FEI Number 20-1823408																																								
		Applied For Not Applicable																																								
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																								
6. Name and Address of Current Registered Agent LAMPE, WALTER M 4440 MERRIMAC AVENUE JACKSONVILLE, FL 32210		DO NOT WRITE IN THIS SPACE																																								
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  DATE _____ (NOTE: Registered Agent signature required when reappointing)																																										
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75																																										
9. MANAGING MEMBERS/MANAGERS																																										
<table border="1"><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>LAMPE, WALTER M</td></tr><tr><td>STREET ADDRESS</td><td>4440 MERRIMAC AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE, FL 32210</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	MGR	NAME	LAMPE, WALTER M	STREET ADDRESS	4440 MERRIMAC AVENUE	CITY-ST-ZIP	JACKSONVILLE, FL 32210	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 		(904) 388-7020																																								
SIGNATURE AND TITLE ON PRINTED NAME OF BOARD MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date																																								