

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083177

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** INDIAN RIVER FABRICATION, LLC

**Current Principal Place of Business:**

770 B MULLET ROAD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

770 B MULLET ROAD  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 20-1818849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NEW, DAVID L  
6410 AINSWORTH ROAD  
PORT ST JOHN, FL, FL 32927      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: NEW, DAVID L  
Address: 6410 AINSWORTH ROAD  
City-St-Zip: PORT ST JOHN, FL 32927

Title: MGRM      ( ) Delete  
Name: BERNE, RICHARD E  
Address: 6155 BALBOA  
City-St-Zip: PORT ST JOHN, FL 32927

**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 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: DAVID NEW

MGRM

05/01/2008

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