2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 22, 2007
Secretary of State

DOCUMENT# L05000003303

Entity Name: SEAAWAY RESEARCH LABORATORIES, LLC

Current Principal Place of Business:

1415 CHAFFEE DRIVE
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

1415 CHAFFEE DRIVE
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KROECKER, STEPHAN V
1415 CHAFFEE DRIVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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:	KROECKER, BERNADETTE E	
Address:	1415 CHAFFEE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780 FL	
Title:	PRES	(X) Delete
Name:	CARLSON, TERRY W	
Address:	1415 CHAFFEE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	VP	(X) Delete
Name:	WOODS, FREDERICK	
Address:	1415 CHAFFEE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	VP	(X) Delete
Name:	CAMARATTA, PAUL	
Address:	1415 CHAFFEE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	DIR	( ) Delete
Name:	KROECKER, STEPHAN V	
Address:	1415 CHAFFEE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BERNADETTE E KROECKER MRS 10/22/2007

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