

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003303

FILED  
Jan 18, 2008  
Secretary of State

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: 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:

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

MGRM

01/18/2008

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