

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000082649 1. Entity Name BULOVA TECHNOLOGIES ORDNANCE SYSTEMS LLC					
Principal Place of Business ARBOR SHORELINE OFFICE PARK 19337 US 19 N, SUITE 525 CLEARWATER, FL 33764		Mailing Address ARBOR SHORELINE OFFICE PARK 19337 US 19 N, SUITE 525 CLEARWATER, FL 33764			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07092008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 13-4311957	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GURBA, STEPHEN L		NAME	Gurba, Stephen L	
STREET ADDRESS	322 ROEBLING ROAD SOUTH		STREET ADDRESS	101 N Queen Street	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Lancaster, PA 17603	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEE, CRAIG		NAME	200136150402	
STREET ADDRESS	101 NORTH QUEEN STREET		STREET ADDRESS	09/19/08--01042--028 **538.75	
CITY-ST-ZIP	LANCASTER, PA 17601		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	L. SELLERS	
STREET ADDRESS			STREET ADDRESS	SEP 18 2008	
CITY-ST-ZIP			CITY-ST-ZIP	EXAMINER	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Stephen L Gurba</u> <u>Stephen L Gurba</u>			9/12/08 (717) 299-2581 299-2581		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		