LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT May 01, 2008 08:00 AN Secretary of State **DOCUMENT # L05000108016** 1. Entity Name MARINE SYSTEMS SALES, LLC Principal Place of Business Mailing Address 201 ST. JAMES AVENUE PO BOX 756 CARRABELLE, FL 32322 CARRABELLE, FL 32322 04242008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-7275324 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURRAN, CHARLES A DO NOT WRITE 106 TALLAHASSEE ST. CARRABELLE, FL 32322 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regustered Agent signature required when reinstating) <u>U00000940372</u> 05/28/08-80063-018 138.75 FILE NOWIN FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE **MGRM** PFEUFER, ERIC W NAME STREET ADDRESS 115 BAXTER LANE CITY-ST-ZIP CRAWFORDVILLE, FL 32327 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 irmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP