

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

03-14-2008 90205 025 \*\*\*138.50  
L06000019089

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000019089</b>                |  |
| 1. Entity Name<br><b>JAYMART SENSORS, LLC</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>4733 FOX STREET<br/>ORLANDO FL 32814</b> | Mailing Address<br><b>4733 FOX STREET<br/>ORLANDO FL 32814</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><br>Zip Country | City & State<br><br>Zip Country |
|---------------------------------|---------------------------------|

**FILED**

2008 APR -9 PM 12: 32

SECRETARY OF STATE

1st MOORE CR2E083 (10/07)

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-4351360</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                               |

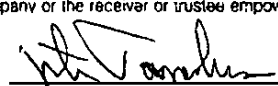
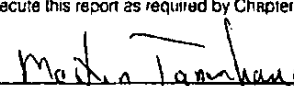
|                                                                                                                            |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>TANENHAUS, MARTIN E<br/>4733 FOX STREET<br/>ORLANDO FL 32814</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable</small>                                                | (NOTE: Registered Agent's signature required when reappointing) | DATE _____ |
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/> <b>After May 1, 2008, Fee Will Be \$538.75</b><br/> <b>Make Check Payable to Florida Department of State</b></p> |                                                                 |            |

| 9. MANAGING MEMBERS / MANAGERS                     |                                                                                                                     | 10. ADDITIONS / CHANGES                            |                                                                   |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>TANENHAUS & ASSOCIATES, INC.<br>4733 FOX STREET<br>ORLANDO FL 32814 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>INTERNATIONAL DYNAMICS CORP.<br>2246 CALEDONIAN STREET<br>CLERMONT FL 34711 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:   | 3/1/08              | 407 228 2226                  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                               | <small>Date</small> | <small>Deputy Phone #</small> |