2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L06000059574

Entity Name: VECTORWORKS MARINE, LLC

Current Principal Place of Business:

805 MARINA ROAD
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

805 MARINA ROAD
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-3214074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, JEFFREY W
805 MARINA ROAD
TITUSVILLE, FL 32796 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: CEO ( ) Delete
Name: GRAY, JEFFREY W
Address: 805 MARINA ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: COO ( ) Delete
Name: MCDONALD, HARLEY
Address: 805 MARINA ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: VP ( ) Delete
Name: MCDONALD, MATTHEW C
Address: 805 MARINA ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: VP ( ) Delete
Name: HOPF, KURTIS A
Address: 805 MARINA ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: VP ( ) Delete
Name: KULENGUSKI, WILLIAM
Address: 805 MARINA ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: TREA ( ) Delete
Name: MULLIGAN, BARBARA
Address: 805 MARINA ROAD
City-St-Zip: TITUSVILLE, FL 32796

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:

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: BARBARA MULLIGAN TREA 04/15/2008

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