


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90041 034 ****55.00

DOCUMENT # L06000066584
 1. Entity Name
 E.J. MARINE ELECTRONICS, LLC



Principal Place of Business
 8001 SW 133RD STREET
 MIAMI, FL 33156

Mailing Address
 8001 SW 133RD STREET
 MIAMI, FL 33156

00002017

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 M

3. Mailing Address
 8001 SW 133 ST
 Suite, Apt. #, etc.

City & State
 Miami, FL

City & State

Zip
 33156

Country
 USA



07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-5188865

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ERIC W
 8001 SW 133RD STREET
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, ERIC W 8001 SW 133RD STREET MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
* IMPORTANT MY LAST NAME spelled wrong		
It's Johnston not Johnson		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition

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: Eric Johnston 07/02/07 (786)246-6928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #