

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110834

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: DEAN MARINE ELECTRONICS, LLC

## Current Principal Place of Business:

2010-B KING CIRCLE  
NEPTUNE BEACH, FL 32266 US

## New Principal Place of Business:

3512 CESERY BLVD.  
JACKSONVILLE, FL 32277 US

## Current Mailing Address:

2010-B KING CIRCLE  
NEPTUNE BEACH, FL 32266 US

## New Mailing Address:

3512 CESERY BLVD.  
JACKSONVILLE, FL 32277 US

FEI Number: 20-5898195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAN, WILLARD J  
3512 CESARY BLVD  
NEPTUNE BEACH, FL 32266 US

## Name and Address of New Registered Agent:

DEAN, WILLARD J  
3512 CESERY BLVD  
JACKSONVILLE, FL 32277 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DEAN, WILLARD J  
Address: 3512 CESERY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGR ( ) Delete  
Name: HILL, TAMARA  
Address: 3512 CESERY BLVD  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES:

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: WILLARD J. DEAN

P

04/28/2009

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