

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90516 005 \*\*\*138.75

<b>DOCUMENT # L06000113757</b>																																																																																																																																																											
<b>1. Entity Name</b> AMERICAN ELECTRIC MOTION, LLC																																																																																																																																																											
<b>Principal Place of Business</b> 13000 LOIS AVE. SEMINOLE, FL 33776			<b>Mailing Address</b> 13000 LOIS AVE. SEMINOLE, FL 33776																																																																																																																																																								
<b>NO ADDRESS CHANGE</b>																																																																																																																																																											
<b>2. Principal Place of Business - No P.O. Box #</b> 13000 LOIS AVE			<b>3. Mailing Address</b> 13000 LOIS AVE																																																																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																								
<b>City &amp; State</b> SEMINOLE FL		<b>City &amp; State</b> SEMINOLE FL		<b>4. FEI Number</b> 26-1374556 APPLIED FOR																																																																																																																																																							
<b>Zip</b> 33776		<b>Country</b> PINELLAS		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  MARTELLO, ANNE S 12832 LOIS AVE. SEMINOLE, FL 33776				<b>7. Name and Address of New Registered Agent</b> Name: <b>NO CHANGE</b> Street Address (P.O. Box Number is Not Acceptable)  City: <b>FL</b> Zip Code:																																																																																																																																																							
<b>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.</b> SIGNATURE: <u>N/A</u> (NOTE: Registered Agent signature required when reappointing) DATE:																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice. ✓		<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FICHERA, ROBERT L</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13000 LOIS AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 33776</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GRIFFITH, GERALD P</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12832 LOIS AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 33776</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FICHERA, ROBERT L		NAME			STREET ADDRESS	13000 LOIS AVE.		STREET ADDRESS			CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GRIFFITH, GERALD P		NAME			STREET ADDRESS	12832 LOIS AVE.		STREET ADDRESS			CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																																								
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	FICHERA, ROBERT L		NAME																																																																																																																																																								
STREET ADDRESS	13000 LOIS AVE.		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP																																																																																																																																																								
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	GRIFFITH, GERALD P		NAME																																																																																																																																																								
STREET ADDRESS	12832 LOIS AVE.		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
<b>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.</b> SIGNATURE: <u>GERALD P. GRIFFITH</u> MGRM PARTNER <u>MAY 7, 2008</u> 727-564-7460																																																																																																																																																											