

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025127

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: EXTREME MODULAR SOLUTIONS, LLC

**Current Principal Place of Business:**

4680 LIPSCOMB STREET NE, SUITE 5E  
PALM BAY, FL 32905

**New Principal Place of Business:**

425 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

4680 LIPSCOMB STREET NE, SUITE 5E  
PALM BAY, FL 32905

**New Mailing Address:**

P O BOX 121615  
WEST MELBOURNE, FL 32912

FEI Number: 20-8579576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPMAN, CHRISTOPHER N  
3996 SNOWY EGRET DRIVE  
WEST MELBOURNE, FL 32904 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: MGRM ( ) Delete  
Name: CHAPMAN, CHRISTOPHER N  
Address: 3996 SNOWY EGRET DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM ( ) Delete  
Name: CHAPMAN, JIMMY  
Address: 4680 LIPSCOMB STREET NE, SUITE 5E  
City-St-Zip: PALM BAY, FL 32905

Title: MGRM ( ) Delete  
Name: BROWN, JIMMY  
Address: P.O. BOX 223  
City-St-Zip: WINTER BEACH, FL 32971

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CHAPMAN, JIMMY R  
Address: 3996 SNOWY EGRET DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

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: CHRISTOPHER N. CHAPMAN

MGRM

04/23/2008

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