2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE:

Feb 25, 2008 08:00 AN DOCUMENT # L98000002052 **Secretary of State** FORD INSTRUMENTS & ACCESSORIES, L.C. Principal Place of Business Mailing Address 6855 TICO ROAD, SUITE 11 6855 TICO ROAD, SUITE 11 TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 65-0874752 No: Applicable Country Z_{ip} Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, BRAD Street Address (P.O. Box Number is Not Acceptable) 2043 RUSSELL DR. TITUSVILLE FL 32796 City 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, typed or or fried name of registered agont and title if approudle tNOTE: Registered Agent's gristure required which reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 Addition TITLE MGRM ☐ Delete TITLE Change FORD, BRAD U000000838260 03/05/08-80023-014 143.75 2043 RUSSELL DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32796 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete LHE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete 1616 ☐ Change Addition STREET ALIDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change TITLE · Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET 400RESS CITY - ST- 7/P CITY-ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-23-08

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