2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# M04000005492

Entity Name: ZF MARINE, LLC

Current Principal Place of Business:

15811 CENTENNIAL DR
NORTHVILLE, MI 48167

New Principal Place of Business:

Current Mailing Address:

15811 CENTENNIAL DR
NORTHVILLE, MI 48167

New Mailing Address:

FEI Number: 20-1615449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR ( ) Delete
Name: CASPARI, JULIO
Address: 15811 CENTENNIAL DR
City-St-Zip: NORTHVILLE, MI 48167

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: PETROWSKI, K.
Address: 15811 CENTENNIAL DR
City-St-Zip: NORTHVILLE, MI 48167

Title: D ( ) Change (X) Addition
Name: BENZ, MATTHIAS
Address: 15811 CENTENNIAL DR
City-St-Zip: NORTHVILLE, MI 48167

Title: CFOS ( ) Change (X) Addition
Name: BOVD, R.
Address: 15811 CENTENNIAL DR
City-St-Zip: NORTHVILLE, MI 48167

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CYRIL G. YUERGENS MGR 04/29/2005

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