

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M06000004838</b>  |   |
| 1. Entity Name<br>NORTH SAILS GROUP, LLC                              |   |
| Principal Place of Business<br>125 OLD GATE LANE<br>MILFORD, CT 06460 | Mailing Address<br>125 OLD GATE LANE<br>MILFORD, CT 06460 |



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>36-4376973  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

POWDERLY, BRYAN  
211 DALE STREET  
EDGEWATER, FL 32132

**DO NOT WRITE  
IN THIS SPACE**

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 BRYAN POWDERLY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000731390

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

01/23/08-80072-022 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                              |
|----------------|------------------------------|
| TITLE          | MGRM                         |
| NAME           | NORTH MARINE GROUP LLC       |
| STREET ADDRESS | 630 RIVERFRONT DRIVE STE 200 |
| CITY-ST-ZIP    | SHEBOYGAN, WI 53081          |

|                |                   |
|----------------|-------------------|
| TITLE          | CFO               |
| NAME           | KIRALY, JAMES     |
| STREET ADDRESS | 125 OLD GATE LANE |
| CITY-ST-ZIP    | MILFORD, CT 06460 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

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

James Kiraly 1/10/08

Date

Daytime Phone #

203 783-4211