2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# M08000001726

Entity Name: PULLMAN ERMATOR LLC

Current Principal Place of Business:

10702 N. 46TH STREET
TAMPA, FL 33617

New Principal Place of Business:

10702 N. 46TH STREET
TAMPA, FL 336173480 US

Current Mailing Address:

10702 N. 46TH STREET
TAMPA, FL 33617

New Mailing Address:

10702 N. 46TH STREET
TAMPA, FL 336173480 US

FEI Number: 26-2158029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLUSKA, THOMAS R
10702 N. 46TH STREET
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

HALLUSKA, THOMAS R
10702 N. 46TH STREET
TAMPA, FL 336173480 US

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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HALLUSKA, THOMAS R
Address: 10702 N. 46TH STREET
City-St-Zip: TAMPA, FL 33617

Title: MGR ( ) Delete
Name: EUKOVICH, ROBERT
Address: 10702 N. 46TH STREET
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HALLUSKA, THOMAS R
Address: 10702 N. 46TH STREET
City-St-Zip: TAMPA, FL 336173480 US

Title: MGR (X) Change ( ) Addition
Name: EUKOVICH, ROBERT
Address: 10702 N. 46TH STREET
City-St-Zip: TAMPA, FL 336173480 US

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: THOMAS R. HALLUSKA CFO 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date