
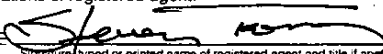
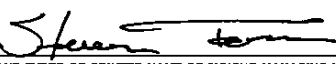


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 009 ****50.00

DOCUMENT # L01000016533			
1. Entity Name FEI SURVEYING, L.C.			
Principal Place of Business 2579 TOLEDO BLADE BOULEVARD NORTH PORT, FL 34286		Mailing Address % JACK O. HACKETT II, ESQUIRE PO DRAWER 511447 PUNTA GORDA, FL 33951-1447	
2. Principal Place of Business <i>ABS ASSOC. 2541B E. MARION</i>		3. Mailing Address <i>2541B E. MARION AVE.</i>	
Suite, Apt. #, etc. <i>UNIT No. 4</i>		Suite, Apt. #, etc. <i>UNIT No. 4</i>	
City & State <i>Punta Gorda, FL</i>		City & State <i>Punta Gorda, FL</i>	
Zip <i>33950</i>	Country <i>Charlotte</i>	Zip <i>33950</i>	Country <i>Charlotte</i>
04222005 Chg-LLC		CR2E083 (10/03)	
4. FEI Number 65-1143913		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HACKETT, JACK O II ESQ. FARR, FARR, EMERICH, SIFRIT, ET AL. 99 NESBIT STREET PUNTA GORDA, FL 33950		Name <i>Steven Ford</i> Street Address (P.O. Box Number is Not Acceptable) <i>34717 Trails End, Drive</i> City <i>Punta Gorda</i> FL Zip Code <i>33962</i>	
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 		STEVEN FORD <i>4-21-05</i>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORD, STEVEN 2579 TOLEDO BLADE BLVD NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		STEVEN FORD <i>4-21-05</i> <i>941-205-2013</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	