

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90219 004 ****55.00



DOCUMENT # L02000013233
 1. Entity Name
AMERICAN CONSULTING ENGINEERS OF FLORIDA, LLC

Principal Place of Business 4111 LAND O'LAKES BLVD., STE. 310- SUITE 210 LAND O'LAKES, FL 34639	Mailing Address 4111 LAND O'LAKES BLVD., STE. 310- SUITE 210 LAND O'LAKES, FL 34639
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02132004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3682340	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
 220 S. FRANKLIN ST.
 TAMPA, FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVOTNY, JEFFREY S 4111 LAND O LAKES BLVD STE 210 LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORPI, SCOTT M 4111 LAND O LAKES BLVD STE 210 LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORRETEL, RYAN R 4111 LAND O LAKE BLVD STE210 LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRSON, BRIAN J 4111 LAND O LAKES BLVD STE 210 LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Jeffrey Novotny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____