2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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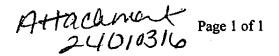
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Secretary of State	
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DOCUMENT # L03000001417 CONSOLIDATED ENVIRONMENTAL ENGINEERING, LLC 34000664 Principal Place of Business Mailing Address 245 EAST DRIVE P. O. BOX 120249 SUITE 103 W. MELBOURNE, FL 32912 MELBOURNE, FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 02022004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number *14-*1862337 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7.1m Scott SHIVELY, DUANE A 245 EAST DRIVE, SUITE 103 W. MELBOURNE, FL 32904 Street Address (P.O. Box Number Is Not Acceptable) 4389 Liquetrum FL BOULTAL 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. the obligations of regis SIGNATURE Signature, typed or print Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES President ΤΙΤΙΈ TITLE ☐ Change ☐ Addition NAME NAME Tim Scott 4389 Ligustrum Dr Melbourne, 21.32 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP V. President

Duane A. Shively

148 East Drive Suite 103 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP W. Melbourne, 71 32904 CITY-ST-ZIP TITLE ☐ Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE " Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1.1. 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 29 of 32*J-957-38*30 SIGNATURE: ___





Division of Corporations

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