

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Apr 17, 2008
Secretary of State**

DOCUMENT# L05000116305

Entity Name: HANDEX CONSULTING AND REMEDIATION - SOUTHEAST, LLC

Current Principal Place of Business:

30941 SUNEAGLE DRIVE
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

30941 SUNEAGLE DRIVE
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 20-3908156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKSON, GARY M
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHWARTZ, RONALD N
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: FADELEY, BRETT D
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: RICHARDS, BRIAN A
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: MGR () Delete
Name: HEATH, IRVIN
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: MGR () Delete
Name: MERCER, ROBERT
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: MGR () Delete
Name: HOLTON, JAMES
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HOLMSTROM, CHRISTIAN
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 32757

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: ROBERT MERCER

MGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date