2007 LIMITED LIABILITY COMPANY

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-16-2007 90341 031 ****50.00 DOCUMENT # L06000098907 VINU J. ABRAHAM P.E., LLC Principal Place of Business Mailing Address 60036694 147 CYPRESS COVE 147 CYPRESS COVE US JUPITER, FL 33458 US JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E083 (12/06) Chg-LLC 4. FEI Number 20-5689413 Applied For City & State City & State Not Applicable 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 Name ABRAHAM, VINU J Street Address (P.O. Box Number is Not Acceptable) 147 CYPRESS COVE JUPITER, FL 33458 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Addition TITLE TITLE ☐ Change □ Defete NAME ABRAHAM, VINU J NAME STREET ADDRESS 147 CYPRESS COVE STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-7IP MGR ☐ Change ☐ Addition Delete TITLE TITLE ABRAHAM, SANDRA NAME NAME STREET ADDRESS 147 CYPRESS COVE STREET ADDRESS CITY-ST-7IP JUPITER, FL 33458 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE NAME

NAME STREET ADDRESS

SIGNATURE: VVV SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition

FILED