


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90067 022 \*\*\*143.75

**DOCUMENT # L07000073300**

1. Entity Name  
**MARK A. WILLIAMS, P.E. LLC**



Principal Place of Business 641 CASTLE DR. PALM BEACH GARDENS, FL 33410	Mailing Address 641 CASTLE DR. PALM BEACH GARDENS, FL 33410
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**60003905**



2. Principal Place of Business - No P.O. Box # <b>127 VICTORIAN LANE</b>	3. Mailing Address <b>127 VICTORIAN LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142008 Chg-LLC CR2E083 (12/06)

City & State <b>JUPITER, FL</b>	City & State <b>JUPITER, FL</b>
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4. FEI Number <b>26-0556810</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33458</b>	Country <b>U.S.</b>	Zip <b>33458</b>	Country <b>U.S.</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILLIAMS, MARK A**  
**641 CASTLE DR.**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**127 VICTORIAN LANE**  
 City **JUPITER** **FL** Zip Code **33458**

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 *MARK A. WILLIAMS* **MGRM** 1/22/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MARK A 641 CASTLE DR. PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>127 VICTORIAN LANE</b> <b>JUPITER, FL 33458</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *MARK A. WILLIAMS* 1/22/08 561-575-5368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #