2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

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Entity Name: GARVER ENGINEERS, LLC

Current Principal Place of Business:

4701 NORTHSORE DR.
LITTLE ROCK, AR 72118

New Principal Place of Business:

Current Mailing Address:

4701 NORTHSORE DR.
LITTLE ROCK, AR 72118

New Mailing Address:

FEI Number: 01-0733400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, MICHAEL S MGRM
1234 AIRPORT ROAD, SUITE 126
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

GARVER, LLC
1234 AIRPORT ROAD, SUITE 126
DESTIN, FL 32541 US

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: GARVER, LLC 03/30/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: THURNER, CHAD
Address: 1234 AIRPORT ROAD, SUITE 126
City-St-Zip: DESTIN, FL 32541 1

Title: MGRM
Name: FULMER, GLYNN
Address: 4701 NORTHSORE DR.
City-St-Zip: NORTH LITTLE ROCK, AR 72118 1

Title: MGRM
Name: PARKER, HERBERT J
Address: 4701 NORTHSORE DR.
City-St-Zip: NORTH LITTLE ROCK, AR 72118 1

Title: MGRM
Name: WILLIAMS, DAN
Address: 4701 NORTHSORE DR.
City-St-Zip: NORTH LITTLE ROCK, AR 72118 1

Title: MGRM
Name: HOSKINS, BROCK
Address: 1088 EAST MILLSAP ROAD
City-St-Zip: FAYETTEVILLE, AR 72703 1

Title: MGRM
Name: JOHNSON, WILLIAM B
Address: 4701 NORTHSORE DR.
City-St-Zip: NORTH LITTLE ROCK, AR 72118 1

I hereby 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 Statues.

SIGNATURE: WILLIAM B JOHNSON PRES 03/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date