


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90075 006 ****55.00

| | | | | | |
|---|--|---|---|---|---|
| DOCUMENT # L00000010498 1. Entity Name ENGINEERED RESOURCES, L.L.C. | | | |  | |
| Principal Place of Business 3949 EVANS AVENUE, #407 FORT MYERS, FL 33901 | | | Mailing Address 3949 EVANS AVENUE, #407 FORT MYERS, FL 33901 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02022005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 65-1038268 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PATEL, BANSI 3949 EVANS AVENUE, #407 FORT MYERS, FL 33901 | | | Name Ricciani, Mathis E. Jessen, CPA^s Street Address (P.O. Box Number is Not Acceptable) 6371-4 Presidential Ct. City Fort Myers FL Zip Code 33919 | | |
| 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 <u><i>Andrew G. Jessen</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small> | | <u><i>Andrew G. Jessen</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | <u><i>2/9/05</i></u> <small>DATE</small> | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PATEL, BANSI 3949 EVANS AVE., #407 FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DYER, CONNIE R 427 BLUERIDGE DR, APT. G 104 MARTINEZ, GA 30907 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u><i>Bansi Patel</i></u> Bansi Patel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <u><i>2-9-05</i></u> 239-939-4313 <small>Date Daytime Phone #</small> | |