2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012180

1. Entity Name
METRON SURVEYING & MAPPING, LLC

Principal Place of Business	Mailing Address
5245 RAMSEY WAY, SUITE #2 FT MYERS, FL 33907	5245 RAMSEY WAY, SUITE #2 FT MYERS, FL 33907

02072004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1046366
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, DENIS J JR.
816 MCKINLEY AVENUE
LEHIGH ACRES, FL 33936

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000112572
04/14/04-80025-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHORE, SCOTT M
STREET ADDRESS	13 ARKANSAS RD
CITY-ST-ZIP	LEHIGH, FL 33936
TITLE	MGRM
NAME	MANN, TIMOTHY LEE
STREET ADDRESS	5621 NEAL RD
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	MGRM
NAME	MORRIS, J. SHERMAN
STREET ADDRESS	5 JACKSON AVE
CITY-ST-ZIP	LEHIGH, FL 33972
TITLE	MRGM
NAME	O'CONNELL, DENIS J JR
STREET ADDRESS	816 MCKINLEY AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/10/04 239-275-8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #