

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015891

FILED  
May 25, 2005  
Secretary of State

**Entity Name:** BRUNSCHEWILER ENGINEERING LLC

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 3314

**New Principal Place of Business:**

**Current Mailing Address:**

815 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 3314

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OLIVER J. LANGSTADT, ESQ., P.A.  
815 PONCE DE LEON BLVD.  
SECOND FLOOR  
CORAL GABLES, FL 3314 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BRUNSCHWILER, CHRISTOPH MGRM  
Address: HUBSTRASSE 76  
City-St-Zip: SWITZERLAND, CH 9500 SG

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: BRUNSCHWILER CHRISTOPH

MGRM

05/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date