


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000016522	
1. Entity Name EVANS ENVIRONMENTAL AND GEOLOGICAL SCIENCE AND MANAGEMENT, LLC	

Principal Place of Business 14505 COMMERCE WAY SUITE 400 MIAMI LAKES, FL 33016	Mailing Address 14505 COMMERCE WAY SUITE 400 MIAMI LAKES, FL 33016
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01202004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1142313	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  EVANS, CHARLES C 14505 COMMERCE WAY, SUITE 400 MIAMI LAKES, FL 33016
-----------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIPE, TIMOTHY R 14505 COMMERCE WAY, SUITE 400 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, CHARLES C 14505 COMMERCE WAY, SUITE 400 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKWERES, MARK 14505 COMMERCE WAY, SUITE 400 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, DAVID 14505 COMMERCE WAY, SUITE 400 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALANTE, SUSAN M 14505 COMMERCE WAY, SUITE 400 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

U00000020214  
01/29/04-80057-003 55.00

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:**  **01/20/04 (305) 374-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #