2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 21, 2005
Secretary of State

DOCUMENT# L01000016522

Entity Name: EVANS ENVIRONMENTAL AND GEOLOGICAL SCIENCE AND MANAGEMENT, LLC

Current Principal Place of Business:

14505 COMMERCE WAY
SUITE 400
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14505 COMMERCE WAY
SUITE 400
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-1142313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, CHARLES C
14505 COMMERCE WAY, SUITE 400
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title:	MGR	( ) Delete
Name:	GIPE, TIMOTHY R	
Address:	14505 COMMERCE WAY, SUITE 400	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	MGR	( ) Delete
Name:	EVANS, CHARLES C	
Address:	14505 COMMERCE WAY, SUITE 400	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	MGR	( ) Delete
Name:	SKWERES, MARK	
Address:	14505 COMMERCE WAY, SUITE 400	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	MGR	( ) Delete
Name:	REED, DAVID	
Address:	14505 COMMERCE WAY, SUITE 400	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	MGR	( ) Delete
Name:	GALANTE, SUSAN M	
Address:	14505 COMMERCE WAY, SUITE 400	
City-St-Zip:	MIAMI LAKES, FL 33016	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TIMOTHY GIPE MGR 11/21/2005

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