

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 009 ****50.00

DOCUMENT # L01000016533					
1. Entity Name FEI SURVEYING, L.C.					
Principal Place of Business 2579 TOLEDO BLADE BOULEVARD NORTH PORT, FL 34286			Mailing Address % JACK O. HACKETT II, ESQUIRE PO DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business ABS, ASSE. 2541B E. MARION AVE.		3. Mailing Address 2541B E. MARION AVE.			
Suite, Apt. #, etc. UNIT No. 4		Suite, Apt. #, etc. UNIT No. 4			
City & State Punta Gorda, FL		City & State Punta Gorda, FL			
Zip 33950		Country Charlotte		Zip 33950	
Country Charlotte		Country Charlotte			
4. FEI Number 65-1143913			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HACKETT, JACK O II ESQ. FARR, FARR, EMERICH, SIFRIT, ET AL. 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name <u>Steven Ford</u> Street Address (P.O. Box Number is Not Acceptable) <u>34717 Trails End, DRIVE</u> City <u>Punta Gorda</u> <u>FL</u> Zip Code <u>33962</u>		
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>Steven Ford</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<u>STEVEN FORD</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-21-05</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	MGR FORD, STEVEN 2579 TOLEDO BLADE BLVD NORTH PORT, FL 34286		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Steven Ford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>STEVEN FORD</u>		<u>4-21-05</u> <u>941-205-2013</u> <small>Date Daytime Phone #</small>	