


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90185 035 ****50.00

DOCUMENT # L01000016533 1. Entity Name FEI SURVEYING, L.C.	
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Principal Place of Business 25418 E MARION AVE, UNIT NO. 4 PUNTA GORDA, FL 33950	Mailing Address 25418 E MARION AVE, UNIT NO. 4 PO DRAWER 511447 PUNTA GORDA, FL 33950
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60030016



2. Principal Place of Business - No P.O. Box # 34717 Trails End Dr.	3. Mailing Address 34717 Trails End Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02262007 Chg-LLC CR2E083 (12/06)

City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33982	Zip 33982
Country USA	Country USA

4. FEI Number 65-1143913	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FORD, STEVEN 34717 TRAILS END DRIVE PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 	2/26/07	DATE
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**Filing Fee is \$50.00
Due by May 1, 2007**

**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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	2/26/07	Date	Daytime Phone #
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