

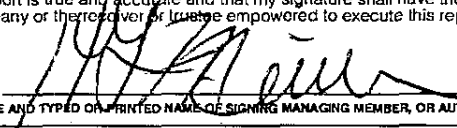


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013739 1. Entity Name FRANK MEINERS GOVERNMENTAL CONSULTANTS, LLC		
Principal Place of Business 5187 ICICLE HILL ROAD TALLAHASSEE, FL 32303	Mailing Address 5187 ICICLE HILL ROAD TALLAHASSEE, FL 32303	
		
		01122004No Chg-LLC CR2E083 (10/03)
		4. FEI Number NOT APPLICABLE
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
MEINERS, FRANK 5187 ICICLE HILL ROAD TALLAHASSEE, FL 32303		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEINERS, FRANK 5187 ICICLE HILL RD. TALLAHASSEE, FL 32303	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		

U00000005226
01/15/04-80016-005 50.00

1/13/04 856 591-0177
Date Daytime Phone #