


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000028232</b> 1. Entity Name ARCPPOINT SURVEYING AND MAPPING, LLC	
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Principal Place of Business 2389 KNOLL DRIVE SPRING HILL, FL 34608	Mailing Address P.O. BOX 3885 SPRING HILL, FL 34611-3885
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03242004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4218353	Applied For 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  OSBORNE, TINA 2389 KNOLL DRIVE SPRING HILL, FL 34608
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	P OSBORNE, SCOTT 2389 KNOLL DR SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALHOUN, WAYNE PO BOX 6564 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG OSBORNE, TINA 2389 KNOLL DR SPRING HILL, FL 34608
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05/04/04-80119-020 50.00

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:** *Tina Osborne* 4-30-04 352-683-7722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #