


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000028232 1. Entity Name ARCPPOINT SURVEYING AND MAPPING, LLC	
--	---

Principal Place of Business 2389 KNOLL DRIVE SPRING HILL, FL 34608	Mailing Address P.O. BOX 3885 SPRING HILL, FL 34611-3885
--	--



02142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4218353	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 OSBORNE, TINA 2389 KNOLL DRIVE SPRING HILL, FL 34608	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, 2005**

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/25/05-80114-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4-22-05 352-683-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #