


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90171 029 \*\*\*\*50.00

<b>DOCUMENT # L03000011124</b>	
1. Entity Name <b>UNDERGROUND ENGINEERING, L.L.C.</b>	

Principal Place of Business <b>7220 PRO LANE MILTON FL 32570</b>	Mailing Address <b>7220 PRO LANE MILTON FL 32570</b>
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2. Principal Place of Business <b>1153 BLOODWORTH LANE</b>	3. Mailing Address <b>1153 BLOODWORTH LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PENSACOLA, FL</b>	City & State <b>PENSACOLA, FL</b>
Zip <b>32504</b>	Country <b>U.S.A.</b>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SANDERS, ABIGAIL K 24 WEST CHASE STREET PENSACOLA FL 32501</b>	
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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 <b>Jason Steinbruegge</b>	DATE <b>3/9/04</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERCE, RICK 722 PRO LANE MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBRUEGGE, JASON 18 LONE EAGLE TRAIL ST. CHARLES MO 63303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1153 BLOODWORTH LANE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1153 BLOODWORTH LANE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: <b>Jason Steinbruegge</b>	<b>JASON STEINBRUEGGE</b>	DATE: <b>3/9/04</b>	DAYTIME PHONE: <b>(314) 458-6052</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			