2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 02, 2005 8:00 am Secretary of State DOCUMENT # L03000022254 1. Entity Name 05-02-2005 90088 007 ****55.00 AMERICAN EAGLE CONSTRUCTION AND ENVIRONMENTAL Principal Place of Business Mailing Address 19607 EAGLE TRACE COURT 19607 EAGLE TRACE COURT NORTH FORT MEYERS FL 33903 NORTH FORT MEYERS FL 33903 2. Principal Place of Business 3. Mailing Address 1638 Red Road P.O. Box 981 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 74-3097348 Howe, Texas Howe, Texas Not Applicable Zip 75459 Country Country \$5.00 Additional Certificate of Status Desired 75459 Grayson Grayson Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANS, GLORIA Street Address (P.O. Box Number is Not Acceptable) 19607 EAGLE TRACE COURT NORTH FORT MEYERS FL 33903 City Zip Code 8. The above pamed 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 egistered agent. (Gloria Evans, MGRM 28 April 2005 MGEM SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM TITLE ☐ Delete ☐ Change Addition MGRM EVANS, GLORIA NAME NAME EVANS, Jr. ALBERT M. STREET ADDRESS 19607 EAGLE TRACE COURT STREET ADDRESS 19607 Eagle Trace Court CITY-ST-ZIP NORTH FORT MEYERS FL 33903 CITY-ST-ZIP Fl 33903 North Fort Myers, Delete ☐ Change ☐ Addition TITLE MGRM TITLE NAME ZELENKY, RODMAN NAME STREET ADDRESS 1638 RED ROAD STREET ADDRESS CITY-ST-ZIP HOWE TX 75459 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-ZIP 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.

Gloria Evans, MGRM

Date

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND THE OR PRINTED NAME

28 April 2005

Daytime Phone #

FILED