

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025607

FILED  
Mar 09, 2004  
Secretary of State

Entity Name: JNL CONSULTING ENGINEERS, LLC

## Current Principal Place of Business:

809 WEDGE DRIVE  
NAPLES, FL 34103

## New Principal Place of Business:

421 WIDGEON POINT  
NAPLES, FL 34105

## Current Mailing Address:

809 WEDGE DRIVE  
NAPLES, FL 34103

## New Mailing Address:

421 WIDGEON POINT  
NAPLES, FL 34105

FEI Number: 74-3098449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LESTANG, JOCELYN N  
809 WEDGE DRIVE  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

NAGEON DE LESTANG, JOCELYN R  
421 WIDGEON POINT  
NAPLES, FL 34105 US

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.

SIGNATURE: JOCELYN NAGEON DE LESTANG

03/09/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: NAGEON DE LESTANG, JOCELYN R  
Address: 421 WIDGEON POINT  
City-St-Zip: NAPLES, FL 34105

Title: MGRM ( ) Change (X) Addition  
Name: NAGEON DE LESTANG, BONNIE-JEAN  
Address: 421 WIDGEON POINT  
City-St-Zip: NAPLES, FL 34015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOCELYN NAGEON DE LESTANG

MGR

03/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date