

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000029044

1. Entity Name
GLOBAL SURVEYING OF NAPLES, L.L.C.



Principal Place of Business
1061 COLLIER CENTER WAY, #7
NAPLES, FL 34110

Mailing Address

1061 COLLIER CENTER WAY, #7
NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2384041

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSS, ROBERT D
5004 S.R. 64 E
BRADENTON, FL 34221

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4455 ST RD 64 E
City BLADENTON FL Zip Code 34228

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSS, ROBERT D 1061 COLLIER CENTER WAY, #7 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIGG, RICHARD S 1061 COLLIER CENTER WAY, #7 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #