

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90010 028 ****50.00

DOCUMENT # L03000029083

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



Principal Place of Business
8917 WESTERN WAY, STE. 120
JACKSONVILLE, FL 32256

Mailing Address
5004 SR 64 EAST
JACKSONVILLE, FL 32256

20053273



04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2384059

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 SR 64 EAST
JACKSONVILLE, FL 32256

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CROSS, ROBERT D
STREET ADDRESS 8917 WESTERN WAY, STE 120
CITY-ST-ZIP BRADENTON, FL 32256

TITLE VP
NAME YORK, DAVID
STREET ADDRESS 8917 WESTERN WAY, STE 120
CITY-ST-ZIP BRADENTON, FL 32256

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CITY-ST-ZIP

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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: *Robert D. Cross*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/28/06
Date

Daytime Phone #