

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 25, 2006  
Secretary of State**

DOCUMENT# L03000034384

Entity Name: GEO-LOGICAL CONSULTANTS, LLC

**Current Principal Place of Business:**

18207 CYPRESS STAND CIRCLE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

18207 CYPRESS STAND CIRCLE  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 20-0098934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILHOIT, JACK C II  
18207 CYPRESS STAND CIRCLE  
TAMPA, FL 33647    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: WILHOIT, JACK C II  
Address: 18207 CYPRESS STAND CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Delete  
Name: HENDERSON, WILLIAM T  
Address: 8910 NORTH OREGON AVE  
City-St-Zip: TAMPA, FL 33604

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JACK C. WILHOIT II

MGR

08/25/2006

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