

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90140 049 \*\*\*\*50.00

<b>DOCUMENT # L03000043278</b>					
<b>1. Entity Name</b> GEOSCIENCE & TESTING ENGINEERING SERVICES L.L.C.					
<b>Principal Place of Business</b> 1414 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			<b>Mailing Address</b> 1414 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b> 10200 STATE ROAD 84 Suite, Apt. #, etc. SUITE 107 City & State DAVIE, FLORIDA Zip 33324 Country USA		<b>3. Mailing Address</b> 10200 STATE ROAD 84 Suite, Apt. #, etc. SUITE 107 City & State DAVIE, FLORIDA Zip 33324 Country USA			
<b>4. FEI Number</b> 02222004    Chg-LLC    CR2E083 (10/03)				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> GARCIA-MORERA, ENRIQUE 1414 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
<b>7. Name and Address of New Registered Agent</b> Name RICARDO R RAVENNA Street Address (P.O. Box Number is Not Acceptable) 10200 STATE ROAD 84, SUITE 107 City DAVIE    FL    Zip Code 33324				<b>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.</b> SIGNATURE:  RICARDO R RAVENNA    04/28/2004 <small>Signature, typed or printed name of Registered Agent and fee not applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAVENNA, RICARDO R 1414 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAVENNA, RICARDO R 10200 STATE ROAD 84, SUITE 107 DAVIE, FLORIDA, 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> RICARDO R RAVENNA    04/28/2004    (954) 4489855 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					

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