2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90430 003 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # L0400005538 1. Entity Name GLOBAL SURVEYING OF VENICE, L.L.C.								04-04-2005	904 3 0 00)3 ****50.	00
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. City & State City & State City & State A. FEI Number 65-121,5198 Applied For Name and Address of Current Registered Agent State Address of Status Desired	395 COMMEI	RCIAL COUR		395 COMMERCIAL COU	MMERCIAL COURT, STE. C			, (88//SI) BI				
City & State	2. Principal P	lace of Busin	ness	3. Mailing Address								
Country Zp	Suite, Apt. #, etc.			Suite, Apt. #, etc.				03142005	Chg-LLC	CR2E	(10/03)	
S. Certificate of Status Desired. Fair Required Fair Req												· · · · · · · · · · · · · · · · · · ·
Name	Zip Country		Zip	Country		Ì	5. Certificate	of Status Desired	🗆			
SOMA ST. RD 64 E BRADENTON, FL 34208 Silenet Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent. SIGNATURE Spreak, locat o prints have of registered agent, or both, in the State of Florida. I am familiar with, and accept the prints of registered agent, or both, in the State of Florida. I am familiar with, and accept the prints of registered agent, or both, in the State of Florida. I am familiar with, and accept the prints of registered agent, or both, in the State of Florida. I am familiar with, and accept the prints of registered agent, or both, in the State of Florida. I am familiar with, and accept the prints of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the prints of the purpose of Change of State Plants of St		6. Name	and Address of Current F	Registered Agent			····	7. Name and	Address of New	Registered	i Agent	
STRET ADDRESS OTH'S-12P PALMETTO, FL 34221 TITE NAME STRET ADDRESS OTH'S-12P TITE NAME STRET ADDRESS OTH'S-	CROSS, R	OBERT)			Name						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SiGNATURE	5004 ST. F	RD 64 E				Street Ad	ddress (F	P.O. Box Numb	er is Not Acceptab	ie)		
8. The above named entity submits into statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARE CROSS, ROBERT D SIGNATURE CROSS, R						City				F	Zip Coo	de e
Filing Fee is \$50.00 Duby May 1, 2005 MANAGING MEMBETS MANAGERS 10. ADDITIONS/CHANGES TITLE MGR CROSS, ROBERT D 3315 7TH STREET CIRCLE WEST PALMETTO, FL 34221 TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET AD				the purpose of changing its	register	ed office or	registere	ed agent, or bo	th, in the State of F			, and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE CROSS, ROBERT D SA15 TH STREET CIRCLE WEST PALMETTO, FL 34221 TITLE MANE STREET ADDRESS CITY-ST-ZP TITLE MANE STREET ADDRE	SIGNATURE .	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOTI	É: Registere	d Agent signatu	ure required	when reinstating)		DATE		
TITLE NAME CROSS, ROBERT D STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S								Florida Department of State				
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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.

GNATURE: Manager 3/24/05 941/746-1512

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desputing Pronce #