

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000033094

**FILED**  
**Nov 17, 2006**  
**Secretary of State****Entity Name:** BUILDING SCIENCE ENVIRONMENTAL SERVICES, LLC**Current Principal Place of Business:**13760 150TH COURT N.  
JUPITER, FL 33478 US**New Principal Place of Business:****Current Mailing Address:**13760 150TH COURT N.  
JUPITER, FL 33478 US**New Mailing Address:****FEI Number:** 20-1081109**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARSHALL, KENNETH E  
13760 150 COURT N  
JUPITER, FL 33478 US**Name and Address of New Registered Agent:**

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:****Title:** MGR. ( ) Delete  
**Name:** KENNETH, MARSHALL E  
**Address:** 13760 150 COURT N  
**City-St-Zip:** JUPITER, FL 33478**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** VP (X) Change ( ) Addition  
**Name:** MARSHALL, ELLEN P  
**Address:** 13760 150 COURT N  
**City-St-Zip:** JUPITER, FL 33478**Title:** MGR ( ) Change (X) Addition  
**Name:** MARSHALL, ELLEN P  
**Address:** 13760 150 COURT N  
**City-St-Zip:** JUPITER, FL 33478

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: ELLEN P. MARSHALL

VP

11/17/2006

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