2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# L04000034465

Entity Name: AVID SURVEYING, LLC

Current Principal Place of Business:

2300 CURLEW ROAD
SUITE 100
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2300 CURLEW ROAD
SUITE 100
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-1087850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNLEE, HUNTER J
FOWLER WHITE BOGGS BANKER PA
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 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: MGRM ( ) Delete
Name: STUEBS, STEVEN J
Address: 2300 CURLEW ROAD STE 100
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete
Name: WHITE, GREGORY D
Address: 2300 CURLEW ROAD STE. 100
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR ( ) Delete
Name: SCOTT, TRACY
Address: 2300 CURLEW ROAD STE 100
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

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

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

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: TRACY SCOTT MGR 04/11/2006

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