

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000068813

**FILED**  
**May 04, 2007**  
**Secretary of State**

**Entity Name:** CIVIL CONSULTANTS, LLC

**Current Principal Place of Business:**

3001 S.W. 3RD AVE.  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

3001 S.W. 3RD AVE.  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 20-3182591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ-MEDINA, ROLAND JR  
2333 PONCE DE LEON BLVD., STE. 302  
THE COLONNADE  
CORAL GABLES, FL 33134 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: ORTEGA, VIVIAN M  
Address: 3001 S.W. 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Delete  
Name: CIVIL, TYSON E  
Address: 3001 S.W. 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CIVIL, TYSON E  
Address: 3001 S.W. 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

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

I hereby certify that the information supplied with this filing does not qualify 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:** TYSON E. CIVIL

MGR

05/04/2007

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