2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000015674** 04-17-2006 90056 050 ****55.00 JENSEN AND GROUP ENGINEERING CONSULTANTS, Principal Place of Business Mailing Address SAASTAAT 431 12TH ST. WEST 431 12TH ST. WEST **SUITE 204** SUITE 204 BRADENTON, FL 34205 BRADENTON, FL 34205 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E083 (11/05) Chg-LLC Applied For 4. FEi Number City & State City & State 20-2487437 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name W.R.KLEIN, PA Street Address (P.O. Box Number is Not Acceptable) 1900 MAIN STREET **SUITE 310** SARASOTA, FL 34236 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change MGRM ■ Addition MGR ☐ Delete TITLE TITLE TENSEN, KURT W. 431 LAMST. W, SUITE DOY BRADENTON, FL 34205 JENSEN, KURT W NAME NAME STREET ADDRESS 431 12TH ST W SUITE 204 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP Addition ☐ Delete TITLE MGRM TITLE MUELLER, MARK W. NAME NAME 431 12+ ST. W, SUITE 204 BRADENTON, FL 34205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 orath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-78P

FILED

13/-6 (941)747-7400

Change

☐ Addition