



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 008 ****50.00

DOCUMENT # L05000035088 1. Entity Name EMCEE TECHNICAL CONSULTANTS LLC					
Principal Place of Business 142 NORTH GRAND AVENUE FT. THOMAS, KY 41075			Mailing Address SUITE 318-364, 5100 S. CLEVELAND AVE. FORT MYERS, FL 33907		
2. Principal Place of Business 116290 Kelly Woods Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State FT MYERS FL		City & State -		4. FEI Number 20-2678094	
Zip 33908		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARITH, RAM 9371 CYPRESS LAKE DR., SUITE 19 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, MIKE SUITE 318-364, 5100 S. CLEVELAND AVE FORT MYERS, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, CHRIS SUITE 318-364, 5100 S. CLEVELAND AVE FORT MYERS, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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  Christopher D. Schneider			Date 11/11/06 Daytime Phone # 239-938-5770		