2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000055976 1. Entity Name C & A GEOPHYSICAL CONSULTING, L.L.C.					01-20-2006 90048 026 ****50.00				
Principal Place of Business 90 SPIRES LN #10 SANTA ROSA BEACH, FL 32549		Mailing Address 90 SPIRES LN #10 SANTA ROSA BEACH, FL 32549			स्त्रीत है। स्त्रीत है				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number	"29719	/ \	oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New R	egistered Agent		
Swiercz Scwiercz, Alan M 90 Spires Ln #10				Name Street Address (P.O. Box Number is Not Acceptable)					
SANTA ROSA BEACH, FL 32549						·	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		С	ity			FL Zip Cod	e	
8. The above the obligati	named entity submits this statement ons of registered agent.	nt for the purpose of changing it	s registered of	ffice or register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NO	ITE: Registered Age	nt signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006				•			e check payable to a Department of Stat	e	
9.		MBERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	71	☐ Delete	TITLE NAME STREET AD	IALA	GRM IN M. S	SWIERCZ LANE #	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		- <u> </u>	CITY-ST-Z	SAN	TA RO	_	<u> </u>	459	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD	CAT	GRM HY M. SPIRES	SWIERCZ LANE #	Change	Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-Z	SP	ITA RO	BA BEPCI	H , FL 32 ☐ Change	459 Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Built	NAME STREET AD					Name of the last	
TITLE NAME				.,,					
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS			☐ Change	☐ Addition	
		☐ Delete	NAME STREET AD	DRESS PIP DRESS			☐ Change	☐ Addition	

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.

850-267-0780 SIGNATURE: MANAGER OF AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR MUTHORIZED REPRESENTATIVE Daytime Phone #