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

DO NOT WRITE IN THIS SPACE

## **FILED** Feb 07, 2007 08:00 All Secretary of State

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1. Entity Name **EXHIBIT ENGINEERING LLC** 



Principal Place of Business

Mailing Address

7220 THOR LANE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

G MANAGING MEMBER OF

PENSACOLA, FL 32526

7220 THOR LANE PENSACOLA, FL 32526 US



01082007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4.	FEI Number
	20-3416531

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139

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the obligat	ions of registered agent.		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, TERENCE 7220 THOR LANE PENSACOLA, FL 32526		0000626113
TITLE NAME STREET ADDRESS CITY-ST-ZIP			10000626113 5707=80007=021=50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTHIS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No. 1		Black Corporated Corporation Corporated Anniel Corporated Corporat
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· (Chair)		
l indicated	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature sh billity company or the receiver or trustee empowered to execu-	turbify for the exemptions contained in Chapter 119, Florida S off have the same legal effect as if made under oath; that I a oute this report as required by Chapter 608, Florida Statutes.	Statutes. I further certify that the information am a managing member or manager of the

UTHORIZED REPRESENTATIVE

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