

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 20, 2009  
Secretary of State**

DOCUMENT# L05000083033

Entity Name: TOTAL ENGINEERING SOLUTIONS, LLC

**Current Principal Place of Business:**

474 SW 12 AVE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

5150 NORTH TAMIAMI TRAIL  
SUITE 302 - THE NEWGATE TOWER  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 20-3346346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KORN, TYLER B ESQ  
5150 NORTH TAMIAMI TRAIL  
SUITE 302 - THE NEWGATE TOWER  
NAPLES, FL 34103 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: MGRM ( ) Delete  
Name: FORE STAR, LLC  
Address: 5150 TAMIAMI TRAIL N., SUITE 302  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: WHODATHOUGHT HOLDINGS, INC.  
Address: 474 SW 12 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: WEBER, RONALD  
Address: 474 SW 12 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: RONALD WEBER

MGRM

05/20/2009

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