
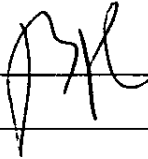

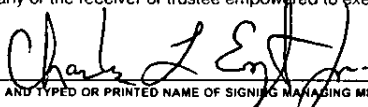


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000116815</b> 1. Entity Name <b>ENGLISH ENGINEERING, L.L.C.</b>						<b>FILED</b> <b>06 SEP 12 AM 9:56</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3250 ALBERT DRIVE TALLAHASSEE, 32 309</b>				Mailing Address <b>3250 ALBERT DRIVE TALLAHASSEE, 32 309</b>			
2. Principal Place of Business <b>2406 Diehl Dr.</b>		3. Mailing Address 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Tallahassee, FL</b>		City & State					
Zip <b>32308</b>		Country <b>USA</b>		09122006 Chg-LLC CR2E083 (11/05)		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>FLANAGAN, GREGORY S 2701 SOUTHEAST MARICAMP ROAD, SUITE 104 OCALA, FL 34471</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____							
<b>Filing Fee is \$50.00 Due by September 15, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ENGLISH, CHARLES LAMAR JR 3250 ALBERT DRIVE TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM English, Charles LAMAR Jr. 2406 Diehl Dr. Tallahassee, FL 32308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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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.							
<b>SIGNATURE: </b>				<b>9-12-06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			