2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# L06000020345

Entity Name: AVID ORLANDO SURVEYING, LLC

Current Principal Place of Business:

4901 VINELAND ROAD, SUITE 190
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4901 VINELAND ROAD, SUITE 190
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-4372686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER, P.A.
501 E. KENNEDY BLVD., SUITE 1700
C/O HUNTER J. BROWNLEE
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: STUEBS, STEVEN J
Address: 2300 CURLEW ROAD, SUITE 100
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Change (X) Addition
Name: WHITE, GREGORY D
Address: 2300 CURLEW ROAD, SUITE 100
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Change (X) Addition
Name: SCOTT, TRACY S
Address: 2300 CURLEW ROAD, SUITE 100
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACY S SCOTT MGRM 03/20/2007

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