


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>SOUTHEAST DIGITAL MAPPING, L.L.C.</b> <del>6340 SWEDETOWN ROAD</del> <del>THEODORE AL 36582</del>		<b>DOCUMENT #</b> L96000000537	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address <b>6340 SWEDETOWN ROAD</b> <b>THEODORE AL 36582</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>5821 Range Line Rd #101</b> City & State <b>Theodore AL</b> Zip <b>36582</b>	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified <b>05/08/1996</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>63-1179973</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent <del>PRAYLOR, DALE V</del> <b>Donald L. Summey</b> <b>1857 WELLS ROAD STE 213</b> <b>ORANGE PARK FL 32073</b>		8. Name and Address of New Registered Agent Name <b>Donald L Summey</b> Street Address (P.O. Box Number is Not Acceptable) <b>1857 Wells Rd #213</b> Suite, Apt. #, etc. City <b>Orange Park FL</b> Zip Code <b>32073</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Donald L Summey</i></u> DATE <u><i>5/15/97</i></u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SUMMEY, DONALD L	<b>5821 Range Line Rd.</b> <del>6340 SWEDETOWN ROAD</del>	<b>THEODORE AL</b>
MGRM	SUMMEY, MARIA G	<del>6340 SWEDETOWN ROAD</del>	<b>THEODORE AL 36582</b>
MGRM	<del>PRAYLOR, DALE V</del> <b>Donald L. Summey</b>	<del>1857 WELLS ROAD STE 213</del>	<b>ORANGE PARK FL 32073</b>
		600002206506-8 -00/09/97-01179-001 ****588.75 ****508.75 <b>JPX-597</b>	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u><i>Donald L Summey</i></u> <b>5/15/97</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			