File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 PM 4: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000229 1a. Principal Place of Business Address LANDTECH SURVEYING AND INSPECTIONS L.C. 2240 PALM DEACH LAKES BLVD, #300 2240 PALM BEACH LAKES BLVD, WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 1500 HW 62HP STIZEET Suite, Apt. #, etc. 02/26/1997 4. FEI Number Applied For City & State City & State 65-6730744 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country S8-75 Additional Fee Required 33309 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DEBORAH A. DENTRY DENTRY, DEBORAH A Street Address (P.O. Box Number is Not Acceptable) 2240 PALM BEACH LAKES BLVD, #300 1500 HU 621 STREET Sulte, Apl. #, etc. WEST-PALM-BEACH-FL-33409-451 City Zip Code *73*309 FT. LALDORDALE 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 offigations. 4130198 DATE _ SIGNATURE. (Registered Agent Accepting Appaintment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 4037 N.W. 2ND COURT DELRAY BEACH FL MEM SNYDER, ANDREW anboo2514123--2 -05/06/98--01112--020 ****188.75 ****188.75 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 empower(3) to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: