File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR 12 PM 3: 47 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 SEUNETANT OF MICHEL TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000229 1a. Principal Place of Business Address LANDTECH SURVEYING AND INSPECTIONS L.C. 1500 NW 62ND STREET, #511 1500 NW 62ND STREET, #511 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/26/1997 Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0730744 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζφ Country Ζφ Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DENTRY, DEBORAH A ANDRUM SHYOTT Street Address (P.O. Box Number is Not Acceptable) 1500 NW 62ND STREET, #511 FT. LAUDERDALE FL 33309 1500 Hul 67 5 57. # 511 City Zip Code 33301 FT. WWW. FL 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 writte State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as legistered agent, and accept the obligations HAIL SIGNATURE e. Gesterca Agen. Al cepting Appointments. I (1401). Registered Agent's gratine responsitivise to a 2 timp. 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM SNYDER, ANDREW 4037 N.W. 2ND COURT DELRAY BEACH FL 4**00002842884--**--n4/16/99--01104--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 empoyage to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

MATERIE AND EXPEDICED PRINTED NAME OF SIGNICE MANAGERS ME MACHICE MANAGER H.

Transaction #

attachment with an address.

SIGNATURE: