7/18

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Sep 08, 2002 8:00 am
Secretary of State
07-18-2002 90135 002 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002164

1. Entity Name
BUILDER'S ENGINEERING NETWORK, L.L.C.

Principal Place of Business	Mailing Address
2945 JACARANDA TRAIL TITUSVILLE FL 32780	P.O. BOX 5994 TITUSVILLE FL 32783

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4305 Kings Highway	4305 Kings Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa FL	City & State: Cocoa FL
Zip: 39327 Country: USA	Zip: 32927 Country: USA

4. FEI Number 59-3240283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FETHERMAN, MARK C 2945 JACARANDA TRAIL TITUSVILLE FL 32780	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME FETHERMAN, MARK C STREET ADDRESS 2945 JACARANDA TRAIL CITY-ST-ZIP TITUSVILLE FL 32780	☐ Delete	TITLE Managing Member NAME Mark C. Fetherman STREET ADDRESS 4305 Kings Highway CITY-ST-ZIP Cocoa, FL 32927	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Managing-Member NAME Peter Chen STREET ADDRESS 4305 Kings Highway CITY-ST-ZIP Cocoa, FL 32927	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (4/02)

11. I 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 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.

SIGNATURE: Mark C. Fetherman SIGNATURE REQUIRED 7-12-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #