2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 AUG 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M03000003253

1. Entity Name
SEMMENS INVESTIGATIVE ENGINEERING I, LLC

MJH

Principal Place of Business	Mailing Address
~~4300 N. MILLER ROAD, SUITE 130 SCOTTSDALE, AZ 85251~~ 4012 E. Broadway, #304 Phoenix, AZ 85040	~~4300 N. MILLER ROAD, SUITE 130 SCOTTSDALE, AZ 85251~~ 7640 N. Via De Manana Scottsdale, AZ 85258

08022004 No Chg-LLC CR2E083 (10/03) 8/25

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4. FEI Number 86-0950599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEMMENS, ROBERT F
615 CUMBERLAND DRIVE
FLAGLER BEACH, FL 32136

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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 Robert F Semmens (Robert F. Semmens, P.E.) 8-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEMMENS, ROBERT F
STREET ADDRESS	~~4300 N. MILLER ROAD, SUITE 130~~ 7640 N. Via De Manana
CITY-ST-ZIP	~~SCOTTSDALE, AZ 85251~~ Scottsdale, AZ 85258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: Robert F Semmens (Robert F. Semmens) 8-25-04 (480) 429-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #