

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000001444

1. Entity Name
S.R. BEARD & ASSOCIATES, LLC



Principal Place of Business
101 N 1ST AVE. SUITE 1950
PHOENIX, AZ 85003

Mailing Address
8404 INDIAN HILLS DR
OMAHA, NE 68114



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0937903	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000941973
05/29/08-80002-004 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HDR ENGINEERING, INC.
STREET ADDRESS	8404 INDIAN HILLS DR
CITY-ST- ZIP	OMAHA, NE 68114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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CITY-ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/08

402-399-1000

Date

Daytime Phone #