

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90003 014 \*\*\*\*55.00

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M05000003278</b>                                              |  |
| 1. Entity Name<br><b>E/PRO ENGINEERING AND ENVIRONMENTAL CONSULTING LLC</b> |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>249 WESTERN AVENUE<br/>AUGUST, ME 04330</b> | Mailing Address<br><b>249 WESTERN AVENUE<br/>AUGUST, ME 04330</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**20061201**



06302005 Chg-LLC CR2E083 (10/03)

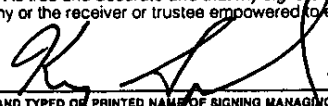
|                                                                                        |  |
|----------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                        |  |
| <b>NRAI SERVICES, INC.<br/>2731 EXECUTIVE PARK DRIVE, SUITE 4<br/>WESTON, FL 33331</b> |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| 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                                                                                                                                                                                                                     | DATE |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)                                                                                     |      |

|                                                           |                                                              |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                         | 10. ADDITIONS/CHANGES                          |                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>ELLISON, RICHARD D<br/>21 TECHNOLOGY DRIVE<br/>IRVINE, CA 92618</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LETOURNEAU, ROBERT<br/>249 WESTERN AVENUE<br/>AUGUSTA, ME 04330</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Managing Principal<br/>Spurling, Kerry L<br/>249 Western Ave.<br/>Augusta, ME 04330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>DODD, MARTIN H<br/>5 WATERSIDE CROSSING<br/>WINDSOR, CT 06095</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>ELSTON, HAROLD C JR<br/>5 WATERSIDE CROSSING<br/>WINDSOR, CT 06095</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 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 606, Florida Statutes. |                |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          | <b>7/11/05</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                |