2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001598

1. Entity Name
PAUL-KOEHLER-BROWN CONSULTING STRUCTURAL ENGINEERS, LLC

Principal Place of Business	Mailing Address
8217 SHOAL CREEK BLVD STE 106 AUSTIN, TX 78757	8217 SHOAL CREEK BLVD STE 106 AUSTIN, TX 78757

01082007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 86-0886616 ☐ Applied For ☐ Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES	
TITLE MGRM NAME BROWN, DAVID O STREET ADDRESS 8217 SHOAL CREEK BLVD STE 106 CITY-ST-ZIP AUSTIN, TX 78757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE MGRM NAME PAUL, CLIFFORD STREET ADDRESS 7434 E. MCDONALD DR. CITY-ST-ZIP SCOTTSDALE, AZ 85250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE MGRM NAME KOEHLER, JACK STREET ADDRESS 7434 E. MCDONALD DR. CITY-ST-ZIP SCOTTSDALE, AZ 85250	☐ 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

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: _____   4/12/07   (512) 231-8910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #