

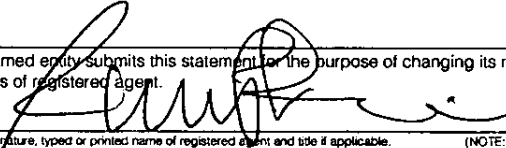
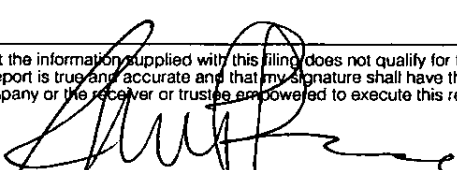


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M07000005655</b> 1. Entity Name <b>GAP ENGINEERING AND PLANNING, LLC</b>				<b>FILED</b>  2008 OCT 29 PM 12:57  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4173 CLARK ROAD UNIT #1200 SARASOTA, FL 34233</b>		Mailing Address <b>4173 CLARK ROAD UNIT #1200 SARASOTA, FL 34233</b>			
2. Principal Place of Business - No P.O. Box # <b>5605 MARQUESAS CIR.</b>		3. Mailing Address <b>5605 MARQUESAS CIR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>26-0408227</b>	
Zip <b>34233</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PICONE, ROLAND P 4173 CLARK ROAD UNIT #1200 SARASOTA, FL 34233</b>		7. Name and Address of New Registered Agent Name <b>NO CHANGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5605 MARQUESAS Circle</b> City <b>SARASOTA</b> FL Zip Code <b>34233</b>			
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 <b>27 Sept 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICONE, ROLAND 4173 CLARK ROAD UNIT #1200 SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5605 MARQUESAS Circle</b> <b>SARASOTA, FL 34233</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, JOHN R P.E. 5605 MARQUESAS CIRCLE SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500137425105</b> <b>10/29/08--01030--003 **138.75</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: 			27 Sept 2008 941-923-6900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

REINSTATEMENT