



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M95000000016</b> <b>AMERICAN CONSULTING ENGINEERS, PLC LIMITED COMPANY</b> <b>400 E. VINE STREET, SUITE 211</b> <b>LEXINGTON KY 40507-1518</b>		1a. Principal Place of Business Address <b>400 E. VINE STREET, SUITE 21</b> <b>LEXINGTON KY 40507</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified <b>01/11/1995</b> 4. FEI Number <b>61-0734565</b> 5. Date of Last Report <b>02/28/1997</b>	3a. State of Formation <b>KY</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent <b>SIGLER, JAMES D</b> <b>4111 LAND O' LAKES BLVD., SUITE 310</b> <b>LAND O' LAKES FL 34639</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>0000002482890--7</b> <b>-04/08/98--01084--018</b> <b>*****8.75 *****188.75</b> <b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	SIGLER, JAMES D	4111 LAND O' LAKES BLVD., S	LAND O' LAKES FL <b>0000002482890--7</b> <b>-04/08/98--01084--018</b> <b>*****8.75 *****8.75</b>
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		James David Sigler 3/30/98 813-996-2800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	