


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049526
1. Entity Name
BROOKS HAULING & LANDCLEARING, LLC



Principal Place of Business Mailing Address
9200 HENDERSON GLADE ROAD 9200 HENDERSON GLADE ROAD
NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE



04042005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-0461905 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BROOKS, JAMES W
9200 HENDERSON GLADE ROAD
NORTH FORT MYERS, FL 33917

**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, 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)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, JAMES W 9200 HENDERSON GRADE ROAD NORTH FORT MYERS, FL 33917
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UD0000299362
04/11/05-80104-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James W Brooks* James Brooks 4/7/05 239-543-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #