


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000051167**

1. Entity Name  
**RAGAN GRADING, L.L.C.**



|   |   |
|---|---|
| Principal Place of Business<br><b>336 GRIMES ROAD<br/>         WAUCHULA, FL 33873</b> | Mailing Address<br><b>336 GRIMES ROAD<br/>         WAUCHULA, FL 33873</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



07052006No Chg-LLC CR2E083 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-0817407</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**RAGAN, JAMES R  
 336 GRIMES ROAD  
 WAUCHULA, FL 33873**

**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 \_\_\_\_\_  
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RAGAN, JAMES R<br>336 GRIMES ROAD<br>WAUCHULA, FL 33873 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

U00000568456  
 07/07/06-80009-013-50.00

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: James R Ragan *July 05, 2006* 941-928-0008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #