

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035068

FILED
Apr 26, 2006
Secretary of State

Entity Name: ADKINS LAND CLEARING, L.L.C.

Current Principal Place of Business:

1777 NW COUNTY ROAD 536
MAYO, FL

New Principal Place of Business:

1777 NW COUNTY ROAD 536
MAYO, FL 32066

Current Mailing Address:

1777 NW COUNTY ROAD 536
MAYO, FL

New Mailing Address:

1777 NW COUNTY ROAD 536
MAYO, FL 32066

FEI Number: 36-4579497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, JOHNNY
1777 NW COUNTY ROAD 536
MAYO, FL US

Name and Address of New Registered Agent:

ADKINS, JOHNNY
1777 NW COUNTY ROAD 536
MAYO, FL 32066 US

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.

SIGNATURE: JOHNNY ADKINS

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADKINS, JOHNNY
Address: 1777 NW COUNTY ROAD 536
City-St-Zip: MAYO, FL

Title: MGRM () Delete
Name: ADKINS, DEBRA
Address: 1777 NW COUNTY ROAD 536
City-St-Zip: MAYO, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADKINS, JOHNNY
Address: 1777 NW COUNTY ROAD 536
City-St-Zip: MAYO, FL 32066

Title: MGRM (X) Change () Addition
Name: ADKINS, DEBRA
Address: 1777 NW COUNTY ROAD 536
City-St-Zip: MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHNNY ADKINS

MMGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date