

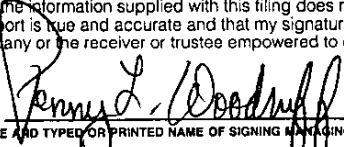


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90120 015 \*\*\*\*50.00

<b>DOCUMENT # L01000012649</b> 1. Entity Name <b>SEAGRAVES SEPTIC, LLC</b>					
Principal Place of Business <b>1804 NASHVILLE STREET ORLANDO, FL 32805</b>			Mailing Address <b>1804 NASHVILLE STREET ORLANDO, FL 32805</b>		
2. Principal Place of Business <b>P O Box 555429</b>		3. Mailing Address <b>P O Box 555429</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32855</b>		Zip <b>32855</b>			
4. FEI Number <b>59-3734551</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801</b>			<b>7. Name and Address of Now Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WOODRUFF, PENNY 1804 NASHVILLE ST ORLANDO, FL 32805</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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)(i), 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.					
<b>SIGNATURE:</b> 		<b>Penny Woodruff, Pres.</b>		<b>4/26/05</b> (407) 948-6896	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT  
20053136  
# 601000012649  
UNANIMOUS WRITTEN CONSENT OF  
THE BOARD OF MEMBERS OF  
SEAGRAVES SEPTIC, LLC

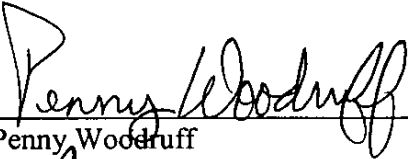
The undersigned, constituting the entire Board of Members of SEAGRAVES SEPTIC, LLC, a Florida limited liability company (the "Company"), in lieu of holding an annual meeting of the Board of Members, do hereby unanimously consent in writing to the adoption of and do hereby adopt the following resolution:

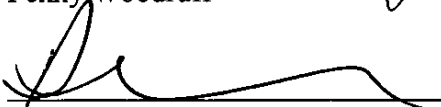
RESOLVED, that all prior acts of the officers of the Company taken on behalf of the Company are hereby approved, ratified, and confirmed in all respects.

FURTHER RESOLVED, that the following persons are hereby elected as officers of the Company, to hold such office until the next annual meeting of the Board of Members of this Company, or until such time as their successors shall be elected and shall qualify:

Penny Woodruff	President, Chairman
Perry Woodruff	Secretary, Treasurer
James N. Seagraves	Assistant Vice President

DATED as of March 15, 2005.

  
\_\_\_\_\_  
Penny Woodruff

  
\_\_\_\_\_  
Perry Woodruff