


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 029 ****50.00

DOCUMENT # L01000016598 1. Entity Name MITIGATION RESOURCES, LLC	
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Principal Place of Business 650 W MONTROSE ST SUITE B CLERMONT, FL 34711	Mailing Address 650 W MONTROSE ST SUITE B CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3747077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BENBOW, DENNIS KEITH 1005 EDGEWATER DR ORLANDO, FL 32804	DO NOT WRITE IN THIS SPACE
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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.

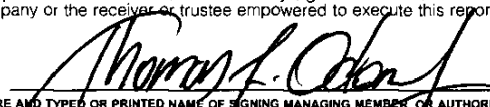
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENBOW, DENNIS K PO BOX 540285 ORLANDO, FL 32854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODOM, THOMAS F JR 650 W MONTROSE ST, STE B CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

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:  **4/26/06 (407) 481-0677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #