

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90007 033 \*\*\*\*50.00

DOCUMENT # L01000020848

1. Entity Name  
EARTH PRODUCTS, LLC

845918

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10605 Sorrento Rd

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PENSACOLA FL

City & State

4. FEI Number  
01-0566255  
Applied For  
Not Applicable

Zip  
32507

Country  
USA

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Charles Dutton  
Street Address (P.O. Box Number is Not Acceptable)

10505 Ethridge Rd  
City PENSACOLA FL Zip Code 32507

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.

SIGNATURE *Charles Dutton* CHARLES DUTTON DATE 4-17-02  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME MGR  
Luther A. Williams  
STREET ADDRESS  
8240 Bay Harbor Rd.  
CITY-ST-ZIP  
EIBERTA, AL 36530

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME MGR  
Catherine C Almand  
STREET ADDRESS  
8240 Bay Harbor Rd  
CITY-ST-ZIP  
EIBERTA AL 36530

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *Catherine C Almand* Catherine C Almand 4-17-02 850-453-6244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)