

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020848

Entity Name: EARTH PRODUCTS, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

10605 SORRENTO ROAD
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

10605 SORRENTO ROAD
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 01-0566255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALMAND, CATHERINE C
10505 ETHRIDGE RD
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, LUTHER A
Address: 8240 BAY HARBOR RD
City-St-Zip: ELBERTA, AL 36530

Title: MGR () Delete
Name: ALMAND, CATHERINE C
Address: 8240 BAY HARBOR RD
City-St-Zip: ELBERTA, AL 36530

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, LUTHER A
Address: 8240 BAY HARBOR RD
City-St-Zip: ELBERTA, AL 36530 US

Title: MGR (X) Change () Addition
Name: ALMAND, CATHERINE C
Address: 8240 BAY HARBOR RD
City-St-Zip: ELBERTA, AL 36530 US

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: CATHERINE C ALMAND

MGR

07/05/2006

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