

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000707

FILED
Apr 30, 2006
Secretary of State

Entity Name: ADVANCED REMEDIATION, LLC

Current Principal Place of Business:

5590 N. PINE HILLS ROAD
ORLANDO, FL 328103206

New Principal Place of Business:

Current Mailing Address:

225 E. ROBINSON STREET
SUITE 600
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-1470962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECHTEL, STEVEN
225 E. ROBINSON STREET
ORLANDO, FL 32802 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: MGRM () Delete
Name: MEADE, JAMES M II
Address: 5361 YOUNG PINE RD
City-St-Zip: ORLANDO, FL 32829

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BRAY, WAYLEN O
Address: 26 ROOSEVELT AVE
City-St-Zip: STAMFORD, NY 12167

Title: MGR () Change (X) Addition
Name: BRAY, LAWRENCE A
Address: RR 70, BOX 534-1
City-St-Zip: AMARGOSA, NV 89020

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: JAMES M MEADE II

MGRM

04/30/2006

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