

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90077 025 ****50.00

2/28/03

DOCUMENT # L02000003129

1. Entity Name
BIG ISLAND EXCAVATING SOUTH, L.L.C.



Principal Place of Business Mailing Address

**2375 NORTH TAMiami TRAIL, STE. 206
NAPLES FL 34103** **2375 NORTH TAMiami TRAIL, STE. 206
NAPLES FL 34103**

2. Principal Place of Business 3. Mailing Address

7000 Big Island Ranch Rd. **7000 Big Island Ranch Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

NAPLES, FL **NAPLES, FL**

Zip Country Zip Country

34120 **USA** **34120** **USA**

4. FEI Number Applied For

04-3598080 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCDANIEL, WILLIAM L JR.
2375 NORTH TAMiami TRAIL, STE. 206
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

7000 Big Island Ranch Rd.

City State Zip Code

NAPLES **FL** **34120**

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]* DATE: _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGMR	WILLIAM L. MCDANIEL, JR.	7000 BIG ISLAND RANCH ROAD	NAPLES, FL 34120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGMR	JAMES G. JUBY, JR.	2280 19th St. S.W.	NAPLES, FL 34120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* Date: _____ Daytime Phone #: **239-455-1218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)