2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000005918

Entity Name
 NO-DIG, LLC

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

1485 OSPREY AVE. NAPLES, FL 34102 Mailing Address

1485 OSPREY AVE. NAPLES, FL 34102



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0566153 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L ESQ. 5551 RIDGEWOOD DR., STE. 101 NAPLES, FL 34108

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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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCE, VALDEMAR A 1485 ODPREY AVENUE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY: SF- ZIP	MGRM FABIANO, STEVE 10351 REGENT CIRCLE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS	

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11. I hereby certify that the information supplied with this filling 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

CITY - ST - ZIP

23/Apr/64

Daytime Phone #