

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90015 003 \*\*\*\*55.00

**DOCUMENT # L02000009898**

**1. Entity Name**  
**KNIGHTS TRAIL EXCAVATING, LLC**



**Principal Place of Business**  
**1901 SOUTH TAMiami TRAIL**  
**VENICE, FL 34293**

**Mailing Address**  
**1901 SOUTH TAMiami TRAIL**  
**VENICE, FL 34293**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**30-0081129**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

**GUNDERSON, MIKE P ESQ**  
**1861 PLACIDA ROAD, SUITE 204**  
**ENGLEWOOD, FL 34223-4949**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**CLOUTIER, JACQUES**  
**1901 S. TAMiami TRAIL SUITE A**  
**VENICE, FL 34293**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

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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:**

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

**1/6/05**

Date

**941 493 2600**

Daytime Phone #