



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009898</b> 1. Entity Name <b>KNIGHTS TRAIL EXCAVATING, LLC</b>	
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Principal Place of Business <b>1901 SOUTH TAMiami TRAIL VENICE, FL 34293</b>	Mailing Address <b>1901 SOUTH TAMiami TRAIL VENICE, FL 34293</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>30-0081129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLOUTIER, JACQUES 1901 S. TAMiami TRAIL SUITE A VENICE, FL 34293</b>
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02/21/07-80058-017 55.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **2-9-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #