2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 29, 2004 08:00 AM **DOCUMENT # L02000012758 Secretary of State** 1. Entity Name SHEAR BROTHERS EXCAVATION, LLC Principal Place of Business Mailing Address 3400 EDINBURGH DRIVE 3400 EDINBURGH DRIVE PACE, FL 32571 PACE, FL 32571 01122004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0449291 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHEAR, DONALD E JR DO NOT WRITE 3400 EDINBURGH DRIVE PACE, FL 32571 IN THIS SPACE 3. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME SHEAR, DONALD E JR STREET ADDRESS 3400 EDINBURGH DRIVE CITY-ST-ZIP PACE, FL 32571 U00000021178 TITLE 01/29/04-80096-019 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP אמו NAME STREET ADDRESS CITY ST-7P

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 trusted explained to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

950-516 6517 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE