2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 30, 2005 08:00-AM Secretary of State DOCUMENT # L02000012758 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 04272005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0449291 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEAR, DONALD E JR DO NOT WRITE 3400 EDINBURGH DRIVE PACE, FL 32571 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 famillar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registored agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SHEAR, DONALD E JR NAME STREET ADDRESS 3400 EDINBURGH DRIVE CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS CITY-ST-ZIP `U00000349905 05/02/05-80084-008 50.00 TIRLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 flability company or the pecetiver or trustee employer explore execute this report as required by Chapter 608, Florida Statutes.

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED