

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90033 025 ****50.00

DOCUMENT # L03000013852 1. Entity Name ARMADILLO DIRT WORKS LLC					
Principal Place of Business 5600 WEST MIDWAY RD FORT PIERCE, FL 34981			Mailing Address PO BOX 12100 FT. PIERCE, FL 34979-2100		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GROMAN, ROBERT J P.A. 1209 DELAWARE AVE FORT PIERCE, FL 34950				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPARELLA, PATRICK J		NAME		
STREET ADDRESS	4280 MCCARTY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34945		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRI, PETER		NAME		
STREET ADDRESS	125 E MIDWAY RD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Patrick J Paparella</i>			5/3/06 712-466-9856		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		