


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90255 004 \*\*\*138.75

<b>DOCUMENT # L03000017779</b> 1. Entity Name <b>FLORIDA DIRT LLC</b>			
Principal Place of Business <b>1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990</b>		Mailing Address <b>1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990</b>	
2. Principal Place of Business - No P.O. Box # <b>840 SW 4TH ST</b> Suite, Apt. #, etc. <b># 3</b>		3. Mailing Address <b>840 SW 4TH ST</b> Suite, Apt. #, etc. <b># 3</b>	
City & State <b>CAPE CORAL, FL</b> Zip <b>33991</b> Country <b>USA</b>		City & State <b>CAPE CORAL</b> Zip <b>33991</b> Country <b>LEE</b>	
4. FEI Number <b>20-1043359</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05272008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>MEHMEDBASIC, SEAD 1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEHMEDBASIC, MARIJANA 1708 SAVONA PKWY CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>840 SW 4TH ST #3 CAPE CORAL, FL 33991</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEHMEDBASIC, SEAD 1708 SAVONA PKWY CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>840 SW 4TH ST #3 CAPE CORAL, FL 33991</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>5/27/08</b> Daytime Phone # <b>(239) 246-1424</b>	