
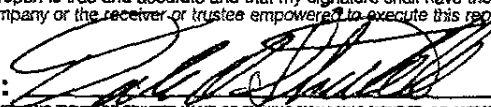


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000043379</b> 1. Entity Name <b>DALE STRUBLE LAND CLEARING AND DEMOLITION LLC.</b>		
Principal Place of Business <b>6365 S. PREMIERE AVE. HOMOSASSA, FL 34446 US</b>		Mailing Address <b>6365 S. PREMIERE AVE. HOMOSASSA, FL 34446 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>STRUBLE, DALE D 6365 S. PREMIERE AVE. HOMOSASSA, FL 34446</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	MGR	
NAME	STRUBLE, DALE D SR.	
STREET ADDRESS	6365 S. PREMIERE AVE.	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	MGRM	
NAME	STRUBLE, REX A JR.	
STREET ADDRESS	5141 OAKLAWN AVE	
CITY-ST-ZIP	HOMOSSASA, FL 34446	
TITLE	MGRM	
NAME	STRUBLE, CONNIE L	
STREET ADDRESS	6365 S. PREMIERE AVE.	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		<b>4-12-06 3526280840</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>11-3708410</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$5.00 Additional Fee Required</b>	

**U00000530694  
05/06/06-80005-015 55.00**