2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 05, 2007 08:00 AN DOCUMENT # L03000043646 **Secretary of State** CARVER'S LAND CLEARING, LLC Mailing Address Principal Place of Business PO BOX 423 14220 BALM RIVERVIEW RD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 US 01282007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARVER, ROBERT T 14220 BALM RIVERVIEW RD RIVERVIEW, FL 33569 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) U00000620807 02/09/07-80051-015 50.00 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CARVER, ROBERT T NAME 14220 BALM RIVERVIEW RD. STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 MGRM TITLE CARVER, SUSAN L NAME STREET ADDRESS 14220 BALM RIVERVIEW RD. CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE HAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP THILE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 by the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS