2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 03000050411



FILED Aug 29, 2005 8:00 am Secretary of State

1. Entity Name DIRT WERKS, LLC							08-29-2005	•	06 ****5	0.00
Principal Place of Business Mailing Address 11250 OLD ST AUGUSTINE ROAD 11250 OLD ST AUGUSTINE ROAD SUITE 333 SUITE 333 JACKSONVILLE,, FL 32257 JACKSONVILLE,, FL 32257					AD					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07152005	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State			1 593	<i>"245</i> GIC		No	plied For Applicable
Zip	Country		Zip	Zip Country			of Status Desired	م ب	5.00 Addi ee Required	itional t
6. Name and Address of Current Registered Agent					ļ. <u> </u>	7. Name and	Address of New R	egistered A	gent	
COLE MATEURIAN					Name					
COLE, MATTHEW W 201 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL FL					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	
					<u> </u>				٠	
6. The above the obligat			the purpose of changing its	register	ed office or regis	stered agent, or bo	oth, in the State of Fio	nda. Tamia	umiliar with, :	and accept
SIGNATURE .	Signature, typed	d or printed name of regulatered agent a	nd title if applicable. (NOT	E: Registers	d Agent eigneture requ	ired when reinstating)	,,, , ,	DATE		
Filing Fee is \$50.00 Due by September 7, 2005							Make check payable to Florida Department of State			
										•
			RS/MANAGERS	10.				Departme		
Due t	MGRM	mber 7, 2005 MANAGING MEMBE	RS/MANAGERS	10.	E		Florida	Departme		Addition
9. TITLE NAME	MGRM COLE, M	MANAGING MEMBER ATTHEW W		TITL NAM	E		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM COLE, M 201 ARTI	MANAGING MEMBER ATTHEW W HUER MOORE DRIVE	☐ Delete	TITL NAM Str	EET ADORESS		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, M 201 ARTI	MANAGING MEMBER ATTHEW W	☐ Delete	TITL NAM STR CITY	EET ADORESS /-St-Zip		Florida	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS	MGRM COLE, M 201 ARTI	MANAGING MEMBER ATTHEW W HUER MOORE DRIVE	☐ Delete	TITL NAM Str	EET ADORESS /-ST-ZIP		Florida	Departme	ent of State	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM COLE, M 201 ARTI	MANAGING MEMBER ATTHEW W HUER MOORE DRIVE	☐ Delete	TITL NAME STRE CITY TITL NAME STRE	EEET ADORESS (-ST-ZIP) E		Florida	Departme	Change	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MGRM COLE, M 201 ARTI	MANAGING MEMBER ATTHEW W HUER MOORE DRIVE	□ Delete 043 □ Delete	TITL NAMESTREET TITL NAMESTREET TITL NAMESTREET TITL NAMESTREET TITL NAMESTREET	EET ADORESS (-ST-ZIP EET ADORE		Florida	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM COLE, M 201 ARTI	MANAGING MEMBER ATTHEW W HUER MOORE DRIVE	□ Delete 043 □ Delete	TITL NAME STREET CITY TITL NAME STREET CITY TITL NAME STREET STREET STREET STREET STREET	EET ADORESS /-ST-ZIP EET ADORESS (-ST-ZIP E		Florida	Departme	Change	Addition
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.