

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90370 042 ****50.00

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01192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000054719 1. Entity Name R.W. FARNELL LAND CLEARING, LLC			
Principal Place of Business 3990 BEXHILL DR NEW SMYRNA BEACH, FL 32168-9012		Mailing Address 3990 BEXHILL DR NEW SMYRNA BEACH, FL 32168-9012	
2. Principal Place of Business - No P.O. Box # 739 Airport Rd Suite, Apt. #, etc.		3. Mailing Address 739 Airport Rd Suite, Apt. #, etc.	
City & State New Smyrna Bch, FL Zip 32168 Country USA		City & State New Smyrna Bch, FL Zip 32168 Country USA	
4. FEI Number 30-0230745		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FARNELL, ROBERT 739 AIRPORT ROAD NEW SMYRNA BEACH, FL 32168-9012		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARNELL, ROBERT W 3990 BEXHILL DR 739 Airport Rd NEW SMYRNA BEACH, FL 32168-9012	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
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
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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			
SIGNATURE: <u>Robert W Farnell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date		Daytime Phone #	