2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 25, 2008 08:00 AN DOCUMENT # L04000000442 **Secretary of State** 1. Entity Name ROBERT L. MOORE EXCAVATION LLC Principal Place of Business Mailing Address 3445 S. FORBES RD. 3445 S. FORBES RD. DOVER, FL 33527 **DOVER, FL 33527** 01092008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2437354 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MOORE, FRANCES DO NOT WRITE 3445 S. FORBES RD. **DOVER, FL 33527** 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. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR MOORE, ROBERT L NAME STREET ADDRESS 3445 S. FORBES RD. CITY-ST-ZIP U00000840186 **DOVER, FL 33527** 03/06/08-80038-010 138.75 MGRM TITLE NAME MOORE, JAMES D STREET ADDRESS P.O. BOX 433 SYDNEY, FL 33587 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

NTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP