


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90205 023 ****50.00

DOCUMENT # L04000001213		
1. Entity Name ARCHER ENVIRONMENTAL SERVICES, LLC		

Principal Place of Business 1649 SOUTH KIRKMAN ROAD SUITE 270 ORLANDO, FL 32811 US	Mailing Address 1649 SOUTH KIRKMAN ROAD SUITE 270 ORLANDO, FL 32811 US
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2. Principal Place of Business 1139 VIZCAYA LAKES RD	3. Mailing Address 1139 VIZCAYA LAKES RD
Suite, Apt. #, etc. SUITE 107	Suite, Apt. #, etc. SUITE 107
City & State OCOCEE, FL	City & State OCOCEE, FL
Zip 34761	Country ORANGE
Zip 34761	Country ORANGE



02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0790541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARCIERO, ROBERT C 1617 SOUTH KIRKMAN ROAD SUITE 1104 ORLANDO, FL 32811	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCIERO, ROBERT C 1649 SOUTH KIRKMAN ROAD SUITE 270 ORLANDO, FL 32811
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCIERO, ROBERT C 1139 VIZCAYA LAKES RD, SUITE 107 OCOCEE, FL 34761
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **ROBERT ARCIERO** **3-9-06** **407-267-2631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #