


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90207 034 ****50.00

DOCUMENT # L04000004064	
1. Entity Name MEL UTENDORF LANDCLEARING, LLC	

Principal Place of Business 6142 MINTON ROAD NW PALM BAY FL 32907 US	Mailing Address 6142 MINTON ROAD NW PALM BAY FL 32907 US
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2. Principal Place of Business 13889 201st Road Suite, Apt. #, etc.	3. Mailing Address 13889 201st Road Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Live Oak FL	City & State Live Oak FL
Zip 32060	Country SUWANNEE

4. FEI Number 51-0498019	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 UTENDORF, VIVIAN 6142 MINTON ROAD NW PALM BAY FL 32907	
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7. Name and Address of New Registered Agent Name VIVIAN Utendorf Street Address (P.O. Box Number is Not Acceptable) 13889 Live Oak 201st Road City Live Oak FL Zip Code 32060	
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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 Vivian Utendorf 2/23/06 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when translating)</small>	
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UTENDORF, MELVIN J 6142 MINTON ROAD NW PALM BAY FL 32907 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 13889 201st Road Live Oak, FL 32060 <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
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 Section 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.	
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SIGNATURE: Mel Utendorf 2/23/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 2/23/06	Daytime Phone #
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