2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2005 8:00 am Secretary of State **DOCUMENT # L04000006100** 05-03-2005 90017 015 ****50.00 1. Entity Name A & D LAND CLEARING, LLC Principal Place of Business Mailing Address 307 SOUTH ROAD 307 SOUTH ROAD FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 Chq-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNTE, DAVID F Street Address (P.O. Box Number is Not Acceptable) 307 SOUTH ROAD FORT MYERS, FL 33907 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Я. MGRM TITLE ☐ Delete TITLE Change ☐ Addition HUNTE, DAVID F NAME NAME 307 SOUTH ROAD STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33907 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRIY-ST-ZIP Delete ☐ Addition TITI F TIME ☐ Change NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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