2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90030 031 ****50.00

DOCUMENT # L04000012600 1. Entity Name MATT'S DIRT SERVICE, LLC				04-19-2005 90030 031 ****50.00
Principal Place of Business 3950 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32095		Mailing Address P.O. BOX 1360 ST. AUGUSTINE, FL 32085		, ;
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
ORTAGUS	S, MATTHEW L		IACTIO	
3950 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32095			Street Address	s (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	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature requir	uired when reinstating) DATE
Filing Fee Is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTAGUS, MATTHEW L P.O. BOX 1360 ST. AUGUSTINE, FL 32085	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE .		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-2	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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.