

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-16-2005 90040 028 ****50.00

DOCUMENT # L04000015315 1. Entity Name DAVID SMITH EXCAVATING, L.L.C.					
Principal Place of Business 545 MURRAY AVENUE OSTEEN, FL 32764			Mailing Address 545 MURRAY AVENUE OSTEEN, FL 32764		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEA Number 20420-1014216				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, DAVID 545 MURRAY AVENUE OSTEEN, FL 32764			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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, DAVID 545 MURRAY AVENUE OSTEEN, FL 32764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KAREN 545 MURRAY AVENUE OSTEEN, FL 32764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KAREN 545 MURRAY AVENUE OSTEEN, FL 32764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KAREN 545 MURRAY AVENUE OSTEEN, FL 32764	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KAREN 545 MURRAY AVENUE OSTEEN, FL 32764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KAREN 545 MURRAY AVENUE OSTEEN, FL 32764	<input type="checkbox"/> Delete			
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.					
SIGNATURE:		5-13-05 4073210757			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					