


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9-15-06
150.00

DOCUMENT # L04000022313	
1. Entity Name S&H SITE CLEARING LLC	

Principal Place of Business 9352 SONIA STREET ORLANDO FL 32825 US	Mailing Address 9352 SONIA STREET ORLANDO FL 32825 US
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2. Principal Place of Business 9352 SONIA ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32825	Country ORANGE

06 NOV -3 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E083 (4/06)

Moff

4. FEI Number 06-1720852	Applied For
	Not Applicable

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 SIROCHMAN, JOHN 13857 BLUE LAGOON WAY ORLANDO FL 32828
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7. Name and Address of New Registered Agent Name <i>Paul Hale</i> S+H Site Clearing LLC Street Address (P.O. Box Number is Not Acceptable) 9352 SONIA ST City <i>ORLANDO</i> FL Zip Code <i>32825</i>
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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 <i>Paul Hale</i> <i>Paul Hale</i> <i>10-13-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALE, PAUL 9352 SONIA STREET ORLANDO FL 32825 <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	500080927645 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/17/06--01049--003 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500080927645 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/03/06--01034--008 **100.00
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

REINSTATEMENT 2006

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: <i>Paul Hale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<i>10-13-06</i> <small>Date</small>	<i>321-371187</i> <small>Daytime Phone #</small>
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