2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 16, 2007 8:00 am Secretary of State DOCUMENT # L04000022313 02-16-2007 90182 008 ****50.00 S&H SITE CLEARING LLC Principal Place of Business Mailing Address 9352 SONIA STREET 9352 SONIA STREET ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbor Applied For 06-1720852 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 3282 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALE, PAUL Street Address (P.O. Box Number is Not Acceptable) 4352 SONIA ST ORLANDO FL 32825 City Zip Code FL 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when redistations) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES IIIII IIIU **MGRM** Delete Change ☐ Addition HALE, PAUL NAME STELLET ADDRESS STREET ADORESS 9352 SONIA STREET CHY SE ZIP CITY ST ZIP ORLANDO FL 32825 11111 ☐ Delete шп Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP 100 ☐ Delete 1011 Change Addition NAME NAMI STREET LADDRESS STREET ADDRESS CHY SI-2P vm-ə1 /₽ 11111 ☐ Delete Change DITTE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIE CBY ST ZIP HHI ☐ Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST 7IP CHY ST-ZIP HILLE ☐ Delete Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP 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 logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Davime Prone #