2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-04-2005 90022 004 ****50.00

DOCUMENT # L04000029935

1. Entity Name
TED KEY'S LAND CLEARING LLC

Principal Place of Business	Mailing Address
10145 TOM FOLSOM RD THONOTOSASSA FL 33592	10145 TOM FOLSOM RD THONOTOSASSA FL 33592

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
10145 Tom Folsom Rd.	9737 Commodore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thonotosassa, FL.	City & State: Seffner, FL
Zip: 33592 Country: Hills.	Zip: 33584 Country: Hills.

4. FEI Number: 20-1199903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KEY, TED G II
10145 TOM FOLSOM RD
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent
Name: Ted G. Key II
Street Address (P.O. Box Number is Not Acceptable): 9737 Commodore Dr.
City: Seffner FL Zip Code: 33584

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] DATE: 2/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Ted G. Key 9737 Commodore Dr. Seffner FL. 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 2/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #