2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 24, 2005 8:00 am **DOCUMENT # L04000035474 Secretary of State** 1. Entity Name STEVES STUMP GRINDING, LLC. 01-24-2005 90100 014 ****50.00 Principal Place of Business Mailing Address 1807 STAFORD LN. 1807 STAFORD LN. SARASOTA, FL 34231 IIS SARASOTA, FL 34231 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01112005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TWIGG, STEVEN C Street Address (P.O. Box Number is Not Acceptable) 1807 STANFORD LN. SARASOTA, FL 34231 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.3 Filing Fee is \$50.00 Due by May 1, 2005 24th 842 Make check payable to Florida Department of State ٠, 1111 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES g. 10., MGR MLE: _ , _ , _ Change Addition TIME 1 7 18. Delete TWIGG, STEVEN C MAME HALE STREET ADDRESS 1807 STANFORD LN. STREET ADORESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE Change Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Change Addison TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1 . CITY-\$1-21P CITY-ST-7IP TITLE ☐ Delete ☐ Chânge ☐ Addillon TITLE NAME NAME . 6 15.0 STREET ADDRESS STREET ADDRESS sales to matter the CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 firmited liability company or the receiver or of sixtee empowered typesecute this report as required by Chapter 608, Florida Statutes.

SECNATURE AND TYPED OR PRINTED NAME OF SECNENDIMANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Davima Phone #