


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90093 005 ****50.00

DOCUMENT # L04000063374			
1. Entity Name PM EXCAVATING, LLC			
Principal Place of Business 1050 COUNTRY RANCH ROAD DELEON SPRINGS, FL 32130 US		Mailing Address 1050 COUNTRY RANCH ROAD DELEON SPRINGS, FL 32130 US	
2. Principal Place of Business 30 FARRINGTON LANE Suite, Apt. #, etc.		3. Mailing Address 30 FARRINGTON LANE Suite, Apt. #, etc.	
City & State PALM COAST		City & State PALM COAST	
Zip 32187-8204	Country	Zip 32187-8204	Country



07102006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent MOYER, MITCHELL K 1050 COUNTRY RANCH ROAD DELEON SPRINGS, FL 32130		7. Name and Address of New Registered Agent Name <u>DEROSBY, PAUL</u> Street Address (P.O. Box Number is Not Acceptable) <u>30 FARRINGTON LANE</u> City <u>PALM COAST</u> <u>FL</u> Zip Code <u>32187-8204</u>	
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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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 7-14-06

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYER, MITCHELL K 1050 COUNTRY RANCH ROAD DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEROSBY, PAUL R JR 1306 GREENLAND TRACE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>30 FARRINGTON LANE</u> <u>PALM COAST, FL 32187-8204</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] number 7-14-06 386-586-3980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #