2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2006 08:00 AM Secretary of State

DOCUMENT # L04000076711 1. Entity Name STEVEN WOERTZ SITE PREPARATION LLC						Secre	etary of S	tate
Principal Place of Business 330 WASHINGTON BLVD. LAKE PLACID, FL 33852		Mailing Address 330 WASHINGTON BLVD. LAKE PLACID, FL 33852						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numbe NOT AP	, PLICABLE	F1	pplied For lot Applicable	
Zip	Country	Zip Country		5. Certificate	of Status Desired	S5.00 Ad		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Agent	
WORETZ, STEVEN 330 WASHINGTON BLVD. LAKE PLACID, FL 33852					s (P.O. Box Number is Not Acceptable)			
				City			FL Zip Coo	ie
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
F	iling Fee is \$50.00 ue by May 1, 2006						check payable to Department of Stat	•
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	
title name sireet address city -st -zip	MGRM WOERTZ, STEVEN 330 WASHINGTON BLVD. LAKE PLACID, FL 33852	□ Defeje				04/11/06	048326 ^{© Change} -80110-021 5	□ Addillion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleje					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets		l l			☐ Change	☐ Addition
title Name Streei address Chty-St-Zip		□ Dolete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
HTLE HAME STREET ADDRESS CITY-SI-ZIP		□ Detele	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeto	CITY-S				☐ Change	☐ 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.								