2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90540 014 ****55.00

DOCUMENT # L04000076911

1. Entity Name
PRECISION PILING, LLC

Principal Place of Business	Mailing Address
1757 SAN MARCO ROAD MARCO ISLAND, FL 34146 US	P.O. BOX 71 MARCO ISLAND, FL 34146 US

20023437

01142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	1757A San Marco Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Marco Island, FL
Zip / Country	Zip: 34145 Country: U.S.A

4. FEI Number: 30-0278963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARY, MARY BETH M ESQ 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL 34108	Name: William R. Kirkwood Street Address (P.O. Box Number is Not Acceptable): 1757 A San Marco Rd City: MARCO Island FL Zip Code: 34145

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] William R. Kirkwood 3-17-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KIRKWOOD, WILLIAM W.R. 1757 SAN MARCO ROAD MARCO ISLAND, FL 34146	☐ Delete	MGRM Kirkwood, William R 1757A San Marco Rd MARCO Island, FL 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HASH, JOHN R 1757 SAN MARCO ROAD MARCO ISLAND, FL 34146	☐ Delete	MGRM Hash, John R. 1757A San Marco Rd Marco Island, FL 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] William R. Kirkwood 3-17-05 239-289-0837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #