2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L04000076911** 1. Entity Name PRECISION PILING, LLC 07-13-2007 90032 027 ****50.00 Principal Place of Business Mailing Address 60052424 1757A SAN MARCO ROAD 1757A SAN MARCO ROAD MARCO ISLAND, FL 34146 MARCO ISLAND, FL 34146 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 30-0278963 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRKWOOD, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 1757 A SAN MARCO RD MARCO ISLAND, FL 34145 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 Filing Fee is \$50.00 Make check payable to Due by September 14, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete THIE ☐ Change Addition KIRKWOOD, WILLIAM W.R. NAME NAME STREET ADDRESS 1757 A SAN MARCO ROAD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HASH, JOHN R NAME STREET ADDRESS 1757 A SAN MARCO ROAD STREET ADDRESS CITY-ST-7IP MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Jul 13, 2007 8:00 am

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