2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000015431 1. Entity Name HODGE LAND CLEARING & CONSTRUCTION, LLC						05-02-2006	90032 030 ****	*50.00
Principal Place of Business Mailing Address 20712 SW 30TH AVENUE 20712 SW 30TH AVENU NEWBERRY, FL 32669 NEWBERRY, FL 32669					3UU1 2266			
2. Principal Place of Business		3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State	City & State		4. FEI Numb	>er	l la	pplied For
Zip	Country	Zip	Zip Country		5. Certificate	e of Status Desired	\$5.00 Ad	
	6. Name and Address of Current	t Registered Agent	Nama		7. Name and	d Address of New R		
CHAMBER	CHAMBERLAIN, STEVEN M							
618 NE FIF	RST STREET LLE, FL 32601			Street Address	(P.O. Box Numb	per is Not Acceptable)	
	•		ļ					
				City			FL Zip Coo	
SIGNATURE .	named entity submits this statement li ions of registered agent. Signature, typed or printed name of registered agent			ed office or registe)th, in the State of ⊢io	rida. I am famillar with,	, and accept
Filling Fee Is \$50.00 Due by May 1, 2006			, ,				check payable to Department of Stat	
9.	MANAGING MEMBI		10.	· · · · · ·		ADDITIONS/		
TITLE NAME	MGR HODGE, BRAD D	☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS CITY-ST-ZP	20712 SW 30TH AVENUE NEWBERRY, FL 32669			ET ADDRESS -SI-ZIP				
TITLE	112112011111111111111111111111111111111	☐ Delete	TITLE		 -		☐ Change	Addition
NAME STREET ADDRESS			. NAME	E Et adoress				<u> </u>
CITY-ST-ZP				-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS			STREE	ET ADORESS				
CITY+ST-ZIP	<u> </u>			ST-21P				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS				
Cf1Y-\$1-21P				ST-ZIP				
TITLE NAME		☐ Deteta	TITLE	í			☐ Chunge	Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADORESS ST-ZIP	-			
						Clarida Clabdae I ha	**************************************	emation.
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have	e the same	legal effect as if n	made under oath	n: that I am a manaci	ng member or manage	r of the