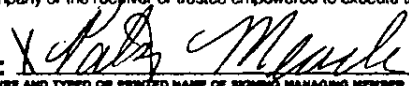


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-23-2007 90368 006 ****50.00

30009333

DOCUMENT # L05000037867 1. Entity Name MEADE'S CONSTRUCTION CLEAN LLC					
Principal Place of Business 6749 CAMELOT RD MILTON, FL 32570			Mailing Address 6749 CAMELOT RD MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 32570		Country US		4. FEI Number 04202007 Chg-LLC CR2E083 (12/06) -APPLIED FOR 20-2714627	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MEADE, PATSY 6749 VCAMELOT RD MILTON, FL 32570			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEADE, PATSY ☐ Delete 6749 CAMELOT RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MEADE, CHERAMY ☐ Delete 6749 CAMELOT RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEADE, DAVID ☐ Delete 6759 CAMELOT RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEADE, CHAD ☐ Delete 6749 CAMELOT RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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.					
SIGNATURE:  4-20-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					