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May 05, 2006 8:00 am
Secretary of State

02-27-2006 90830 001 ****50.00
02-27-2006 90830 002 ****40.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047637

1. Entity Name
SAVANNAH'S CONSTRUCTION CLEANING LLC

30007334

Principal Place of Business	Mailing Address
14410 AUDUBON TRACE STE 1210 TAMPA, FL 33613	PO BOX 16031 TAMPA, FL 33687

01262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
14410 Audubon Trace	PO Box 16031
Suite, Apt. #, etc. 1210	Suite, Apt. #, etc.
City & State Tampa	City & State Tampa
Zip 33613 Country Hillsboro	Zip 33687 Country Hillsboro

4. FEI Number 84-1683128 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RATCLIFFE, KENNETH
14410 AUDUBON TRACE STE 1210
TAMPA, FL 33613

7. Name and Address of New Registered Agent

Name: Marye H. Myers
Street Address (P.O. Box Number is Not Acceptable): PO Box 1603 / 1440 Audubon Trace #1210
City Tampa FL Zip Code 33613

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 Marye H Myers Owner 2/18/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MYERS, MARYE A		NAME		
STREET ADDRESS	14410 AUDUBON TRACE STE 1210		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	M	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	RATCLIFFE, KENNETH E		NAME		
STREET ADDRESS	P.O. BOX 16031		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336876031		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Marye H Myers 4/28/06 813-431-1456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #