2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

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Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # L05000085043** 03-31-2006 90180 046 ****50.00 1. Entity Name COLLINS BACKHOE SERVICE, LLC Principal Place of Business Mailing Address 249 LESTER DRIVE 249 LESTER DRIVE 30004519 WEWAHITCHKA, FL 32465 WEWAHITCHKA, FL 32465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 CR2E083 (11/05) City & State City & State Applied For 86-1151 934 Not Applicable \$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 COLLINS, CATHERINE W 249 LESTER DRIVE Street Address (P.O. Box Number is Not Acceptable) WEWAHITHCKA, FL 3246\$ City Zip Code 8. Thosebove 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 ered agent and life of agglerable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delets TITLE ☐ Change ☐ Addition COLLINS, CATHERINE W KAME STREET ADDRESS 249 LESTER DRIVE STREET ADDRESS CITY-ST-ZIP WEWAHITCHKA, FL 32465 CITY-ST-ZIP ITTLE MGRM Delete IIILE Change Addition COLLINS, JOHNNY C NAME NAME STREET ADDRESS 249 LESTER DRIVE STREET ADDRESS CITY-ST-ZIP WEWHITCHKA, FL 32465 CITY-ST-ZIP 11TLF ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP DIY-51-29 TITE F Delete TITLE ☐ Change Addition NAME NAME

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11. I hereby certify that the information supplied with this filling 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 609, Florida Statutes.

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