


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90307 008 ****50.00

DOCUMENT # L05000091533	
1. Entity Name ACTION EXCAVATION, LLC	

Principal Place of Business 16700 SW 51ST COURT SOUTHWEST RANCHES FL 33331 US	Mailing Address 16700 SW 51ST COURT SOUTHWEST RANCHES FL 33331 US
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------



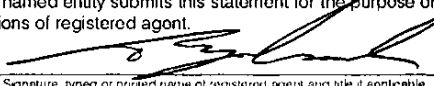
2. Principal Place of Business - No P.O. Box # 16700 SW 51 CT	3. Mailing Address 16700 SW 51 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State SW Ranches, FL	City & State SW Ranches, FL	4. FEI Number 86-1075895	Applied For <input type="checkbox"/> Not Applicable
Zip 33331	Country USA	Zip 33331	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent CACCIAVATE CACCIAVATE, ANTONIO F 16700 SOUTHWEST 51 COURT SOUTHWEST RANCHES FL 33331	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 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CACCIAVATE, TONY 16700 SW 51ST COURT SOUTHWEST RANCHES FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/4/07 (44) 5203845