2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L05000105643

Entity Name: GROUND WORKS, LLC

Current Principal Place of Business:

6585 COLLIER ROAD
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

6585 COLLIER ROAD
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-3707093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZEIGE, DUNCAN W
6585 COLLIER ROAD
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZEIGE, DUNCAN W
Address: 6585 COLLIER ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM ( ) Delete
Name: HOLM, STEPHEN Z
Address: 4215 PABLO OAKS CT STE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM (X) Delete
Name: HOLM, GAYLE PA
Address: 4215 PABLO OAKS CT SUITE1
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: NORMAN, CYNTHIA N.,
Address: 6585 COLLIER ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DUNCAN W. ZEIGE MGRM 04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date