2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-23-2006 90230 027 ****50.00 FILED L05000112150

06 JUL -5 AN 8:51 **DOCUMENT # L05000112150** 1. Entity Name SECRETALLY OF STATE TALL AHASSEE FLORIDA SUNCOAST DIGGING, LLC Principal Place of Business Mailing Address 137 ROBIN ROAD 137 ROBIN ROAD MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State Not Applicable Zio Country Zio Country \$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 ^ Name SEARS, FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 137 ROBIN ROAD MONTICELLO, FL 32344 ۲. Zip Code FL 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 apent 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ٥. 10. IIILE MGRM ☐ Delete TITLE Change ☐ Addition SEARS, FRANKLIN NAME STREET ADDRESS 137 ROBIN ROAD 3 STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP III1 F De late TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: CITY-ST-DP Delete TILLE TITLE Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ATTORESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Longle Franklin Scar 2-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAM DEVICE Phone of