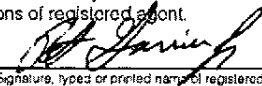
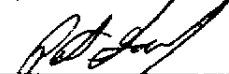


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000115129					
1. Entity Name P&P ESCAVATING SERVICE "LC"					
Principal Place of Business 6498 67TH AVE N PINELLAS PRK. FL 33781 US			Mailing Address 6498 67TH AVE N PINELLAS PRK. FL 33781 US		
2. Principal Place of Business - No P.O. Box # —			3. Mailing Address —		
Suite, Apt. #, etc. —			Suite, Apt. #, etc. —		
City & State —			City & State —		
Zip —	Country —	Zip —	Country —	4. FEI Number 52-2396999	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GARRISON, PATRICK B JR 6498 67TH AVE N PINELLAS PRK. FL 33781				7. Name and Address of New Registered Agent Name — Street Address (P.O. Box Number is Not Acceptable) — City —	
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 				DATE 1/27/07	
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	MGR GARRISON, PATRICK B JR 6498 67 AVE N PINELLAS PRK. FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000611881 02/02/07-80084-001 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANDERS, PAMELA A 6498 67TH AVE N PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **1/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #