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Secretary of State

03-27-2007 90202 029 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000003139

1. Entity Name
D & M EARTHWORKS, LLC

Principal Place of Business
1165 WOODLAWN ROAD
ST. AUGUSTINE, FL 32084

Mailing Address
1165 WOODLAWN ROAD
ST. AUGUSTINE, FL 32084

02282007 Chg-LLC CR2E083 (12/06)

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 20-4098663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILPATRICK, DERRELL M		NAME		
STREET ADDRESS	1165 WOODLAWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: [signature] 3-23-07 819-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #