

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071472

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: TOTAL SITE CONSTRUCTION, LLC

## Current Principal Place of Business:

119 NW 68TH AVENUE  
B  
OCALA, FL 34482 US

## Current Mailing Address:

P.O. BOX 772432  
OCALA, FL 34477 US

## New Principal Place of Business:

3304 SE LAKE WIER AVE  
SUITE 3  
OCALA, FL 34471 US

## New Mailing Address:

3304 SE LAKE WIER AVE  
SUITE 3  
OCALA, FL 34471 US

FEI Number: 20-5243580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DODGE, MARK A  
P.O. BOX 772432  
OCALA, FL 34477 US

## Name and Address of New Registered Agent:

DODGE, MARK A  
3304 SE LAKE WIER AVE  
SUITE 3  
OCALA, FL 34471 US

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:

02/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DODGE, MARK A  
Address: P.O. BOX 772432  
City-St-Zip: OCALA, FL 34477 US

Title: MGRM ( ) Delete  
Name: DODGE, JOEL A  
Address: 136 ALLEN AVENUE  
City-St-Zip: INGLIS, FL 33449 US

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK DODGE

PRES

02/02/2007

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