


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90173 049 *****50.00

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| DOCUMENT # L06000081037 |  |
| 1. Entity Name D&J LAND CLEARING LLC | |

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| Principal Place of Business 4929 GILMORE ROAD HOLT FL 32564 US | Mailing Address 4929 GILMORE ROAD HOLT FL 32564 US |
|--|--|



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # 4929 Gilmore Rd | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E083 (10/06)

| | |
|--------------------------------|-----------------------|
| City & State Holt FL | City & State |
| Zip 32564 | Country USA |

| | |
|---|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| GILMORE, JAMES C JR 4929 GILMORE ROAD HOLT FL 32564 | |

| | |
|--|-------------|
| 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 *James C. Gilmore Jr* (NOTE: Registered Agent signature required when reinstating) DATE _____

| |
|--|
| 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 | | | | | |
|---|--|--|---|--|--|---|---|
| <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td> MGR GILMORE, JAMES C JR 4929 GILMORE ROAD HOLT FL 32564 <input type="checkbox"/> Delete </td> </tr> </table> | TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR GILMORE, JAMES C JR 4929 GILMORE ROAD HOLT FL 32564 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *James C. Gilmore Jr* 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #