

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-17-2007 90251 033 ****50.00



DOCUMENT # L06000098965
 1. Entity Name
 NORTH FLORIDA SITEWORK, LLC

Principal Place of Business Mailing Address
 4745 SUTTON PARK COURT, STE 202 JACKSONVILLE FL 32224
 4745 SUTTON PARK COURT, STE 202 JACKSONVILLE FL 32224



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 9191 RG Skinner Pkwy Suite, Apt. #, etc. #502
 Suite, Apt. #, etc. Same

1st MOORE CR2E083 (10/06)

City & State Zip Country
 Jax, FL 32256 Duval

4. FEI Number 41-2216824 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCIVOR, JOHN C
 4745 SUTTON PARK COURT, STE 202 JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent
 Name Same
 Street Address (P.O. Box Number is Not Acceptable) 9191 RG SKINNER PKWY #502
 City Jax FL Zip Code 32256

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]* DATE 4/3/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCIVOR, JOHN C 4745 SUTTON PARK COURT, STE 202 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILES, WILLIAM R JR 4745 SUTTON PARK COURT, STE 202 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9191 RG SKINNER PKWY #502 Jax, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " " " ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 4/3/07 904821-5300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #