


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90345 013 \*\*\*\*50.00

|   |  |                           |  |  |   |
|---|--|---------------------------|--|--|---|
| <b>DOCUMENT # L06000111582</b>  |  |                           |  |                       |   |
| <b>1. Entity Name</b><br>LJ TRUCKING & EXCAVATING, LLC  |  |                           |  |  |   |
| <b>Principal Place of Business</b><br>1235 TAN OAK PLACE<br>VERO BEACH, FL 32966  |  |                           | <b>Mailing Address</b><br>1235 TAN OAK PLACE<br>VERO BEACH, FL 32966 |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b> |  |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.       |  |  |   |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b>   |  | 04132007    Chg-LLC    CR2E083 (12/06)   |   |
| <b>Zip</b>  |  | <b>Country</b>            |  | <b>4. FEI Number</b><br>20-8109614   |   |
| <b>Zip</b>  |  | <b>Country</b>            |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                           |  | <b>7. Name and Address of New Registered Agent</b>   |   |
| FARRELL, RICKEY L<br>1595 SE PORT ST. LUCIE BLVD.<br>PORT ST. LUCIE, FL 34952   |  |                           |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                  |   |
| <b>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.</b>  |  |                           |  |  |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |                           |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  |                           | <b>Make check payable to<br/>Florida Department of State</b>         |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                           |  | <b>10. ADDITIONS/CHANGES</b>   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM</b><br>REVELS, JASON <input type="checkbox"/> Delete<br>1235 TAN OAK PLACE<br>VERO BEACH, FL 32966 |                           |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                           |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                           |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                           |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                           |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                           |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |                           |  |  |   |
| <b>SIGNATURE:</b> _____   |  |                           |  | 4/13/07    772-370-3829  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                           |  | <small>Date    Daytime Phone #</small>   |   |