

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045407

FILED
Apr 27, 2008
Secretary of State

Entity Name: SANDHILL CRANE ENVIRONMENTAL SERVICES, LLC

Current Principal Place of Business:

301 N.E. ORCHARD STREET
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

301 N.E. ORCHARD STREET
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 33-1174548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSTON, STEVEN D JR.
301 N.E. ORCHARD STREET
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSTON, JENNIFER L
Address: 301 N.E. ORCHARD STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGR () Delete
Name: MARSTON, STEVEN DRAKE JR
Address: 301 N.E. ORCHARD STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARSTON, JENNIFER L
Address: 301 N.E. ORCHARD STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGR (X) Change () Addition
Name: MARSTON, STEVEN D JR
Address: 301 N.E. ORCHARD STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify 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: MARSTON, STEVEN, D, JR.

MGR

04/27/2008

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