

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004458

Entity Name: A & B DOZING LLC

FILED  
Aug 12, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1354  
SALEM, MO 65560

## New Principal Place of Business:

2172 WEST NINE MILE RD  
PMB 158  
PENSACOLA, FL 32534

## Current Mailing Address:

P.O. BOX 1354  
SALEM, MO 65560

## New Mailing Address:

2172 WEST NINE MILE RD  
PMB158  
PENSACOLA, FL 32534

FEI Number: 80-0123379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BURGDORF, ALFRED  
2642 WILD LAKE BLVD  
PENSACOLA, FL 32526      US

## Name and Address of New Registered Agent:

BURGDORF, ALFRED  
2445 EASTMAN LANE  
CANTONMENT, FL 32533      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:

08/12/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: BURGDORF, ALFRED  
Address: 2642 WILD LAKE BLVD  
City-St-Zip: PENSACOLA, FL 32526

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: BURGDORF, ALFRED  
Address: 2445 EASTMAN LANE  
City-St-Zip: CANTONMENT, FL 32533

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: ALFRED BURGDORF

MGR

08/12/2006

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