2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State
04-06-2006 90301 036 ****50.00

DOCUMENT # M05000000391

1. Entity Name
CASHEW ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
9 DAMON MILL SQUARE CONCORD MA 01742	9 DAMON MILL SQUARE CONCORD MA 01742

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
7891 ESTATES DRIVE Suite, Apt. #, etc.	7891 ESTATES DRIVE Suite, Apt. #, etc.
City & State: NORTH PORT, FLA	City & State: NORTH PORT FLA
Zip: 34286 Country: USA	Zip: 34286 Country: USA

4. FEI Number: 59-2665991 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303	Name: STEVEN F. BARNHARDT Street Address (P.O. Box Number is Not Acceptable): 7891 ESTATES DR City: NORTH PORT FL Zip Code: 34286

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: STEVEN F. BARNHARDT 3/23/6
(Signature, typed or printed name of registered agent and date as applicable) (NOTE: Registered Agent signature required when amended)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TOWERS, JEFFREY 9 DAMON MILL SQUARE CONCORD MA 01742 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MANAGER~~ MGRM ESTATE LANDS EXCAVATORS 7891 ESTATES DRIVE NORTH PORT, FL 34286 ☑ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER ESTATE LANDS EXCAVATORS 7891 ESTATES DRIVE NORTH PORT, FL 34286 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET / CITY-ST	Estate Land Excavator ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET / CITY-ST	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: STEVEN F. BARNHARDT 3/23/6 941-270-0326
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)