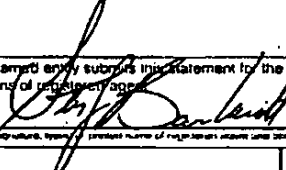
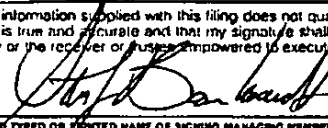


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

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 9 DAMON MILL SQUARE CONCORD MA 01742			Mailing Address 9 DAMON MILL SQUARE CONCORD MA 01742		
2. Principal Place of Business 7891 ESTATES DRIVE		3. Mailing Address 7891 ESTATES DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH PORT, FLA		City & State NORTH PORT, FLA		4. FEI Number 59-2665991	
Zip 34286		Country USA		☐ Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303			7. Name and Address of New Registered Agent 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 DATE 3/23/6 (Signature, Name, printed name of registered agent and date of registration) (NOTE: Registered Agent signature required when contributing)					
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	OWNER 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 Lands 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 DATE 3/23/6 941-270-0326 (Signature and typed or printed name of signing managing member, manager, or authorized representative) Due Daytime Phone					