


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90007 009 ***138.75

DOCUMENT # L06000044937	
1. Entity Name ADVANCED CONCRETE TECHNIQUES, LLC	

Principal Place of Business 4745 SUTTON PARK COURT 602 JACKSONVILLE, FL 32224 US	Mailing Address 4745 SUTTON PARK COURT 602 JACKSONVILLE, FL 32224 US
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2. Principal Place of Business - No P.O. Box # <i>566 Bowie Blvd</i> Suite, Apt. #, etc.	3. Mailing Address <i>same as # 2</i> Suite, Apt. #, etc.
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04302008 Chg-LLC CR2E083 (12/06)

City & State <i>Orange Park FL</i>	City & State	4. FEI Number 20-8907771	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32073</i>	Country <i>USA</i>	Zip	Country

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

6. Name and Address of Current Registered Agent

MANTLE, RAYMOND A
 4745 SUTTON PARK COURT
 602
 JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name *Jaqueline Price*
 Street Address (P.O. Box Number is Not Acceptable)
566 Bowie Blvd
 City *Orange Park* FL Zip Code *32073*

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 *Jaqueline Price* **JACQUELINE PRICE** DATE *4/28/08*

Signature type: Pre-printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCALLAN, L JOE <input type="checkbox"/> Delete 4745 SUTTON PARK COURT, SUITE 602 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>566 Bowie Blvd</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Orange Park, FL 32073</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *L. Joe Scallan* **MGRM** DATE: *4-28-08*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L. Joe Scallan