2006 LIMITED LIABILITY COMPANY

Jan 30, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # M05000002452** 01-30-2006 90152 020 ****55.00 CARPENTERCRETE, LLC Mailing Address Principal Place of Business 10557 EAST-KEY-DRIVE 10557 EAST KEY DRIVE BOCA RATION TO 33498 Ridge ROAD BOGA RATON: FL 33498 BOYNTON BEACK, FL. 33426 2. Principal Place of Business 3. Mailing Address Aide ROAD 2047 High 2047 High Ridge Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-LLC CR2E083 (11/05) Applied For City & State Boy NTW 4. FEI Number City & State Boynton Beach 22-3913391 Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired Brown Alm Boach .Fee Required~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNGENEST, EDWARD Street Address (P.O. Box Number is Not Acceptable) 10557 EAST KEY DRIVE BOCA RATON, FL 33498 Zip Code 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGRM ☐ Addition TITLE ☐ Delete TITLE HSSE INVESTMENTS, LLC NAME NAME STREET ADDRESS 10557 EAST KEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL: 33498 ☐ Change ☐ Addition TΠΙΕ MERM ☐ Delete Ed Mungemast NAME 10557 EAST Key Dame STREET ADDRESS STREET ADDRESS BOCA RAFON FL 33498 CITY-ST-ZIP CITY-ST-ZIP MGRM. ☐ Change Addition Delete TITLE TILE HARRIS Hobby 8070 INNSBAVER NAME STREET ADDRESS STREET ADORESS ATHANTA, 64. 30350 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3.4.3 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

FILED