

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002452

Entity Name: CARPENTERCRETE, LLC

FILED  
Jan 31, 2008  
Secretary of State

**Current Principal Place of Business:**

2047 HIGH RIDGE RD  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

2047 HIGH RIDGE RD  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 22-3913391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUNGENAST, EDWARD  
2047 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HSSE INVESTMENTS, LL, C  
Address: 10557 EAST KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete  
Name: MUNGENAST, ED  
Address: 10557 EAST KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete  
Name: HOBBY, HARRIS  
Address: 8070 INNSBRUCK  
City-St-Zip: ATLANTA, GA 30350

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD C. MUNGENAST

MGRM

01/31/2008

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