

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082240

Entity Name: DESIGN-A-CRETE LLC

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

11750 SE 57TH STREET
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

11750 SE 57TH STREET
MORRISTON, FL 32668

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METIVIER, GEORGE T JR.
11750 SE 57TH STREET
MORRISTON, FL 32668 US

Name and Address of New Registered Agent:

GOLLIHER, TERESA L
11750 SE 57TH STREET
MORRISTON, FL 32668 US

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: TERESA L. GOLLIHER

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: METIVIER, GEORGE T JR.
Address: 11750 SE 57TH STREET
City-St-Zip: MORRISTON, FL 32668

Title: MGRM () Delete
Name: GOLLIHER, TERESA L
Address: 11750 SE 57TH STREET
City-St-Zip: MORRISTON, FL 32668

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLLIHER, TERESA L
Address: 11750 SE 57TH STREET
City-St-Zip: MORRISTON, FL 32668

Title: MGRM (X) Change () Addition
Name: METIVIER, GEORGE T JR.
Address: 11750 SE 57TH STREET
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA L. GOLLIHER

MGR

04/20/2007

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