


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

**FILED
Jun 26, 2008 08:00 AM
Secretary of State**


DOCUMENT # A06000001445
1. Entity Name
RIVER CITY CONCRETE SYSTEMS, LTD.



Principal Place of Business: 6740 HIGHWAY AVENUE, JACKSONVILLE, FL 32254
Mailing Address: 6740 HIGHWAY AVENUE, JACKSONVILLE, FL 32254

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country



06202008 Chg-LP CR2E003 (12/06)
4. FEI Number: 20-8045780 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HEARN, ERIC L
501 WEST BAY STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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.
SIGNATURE: DATE:

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	JAX CRANE, LLC	STREET ADDRESS	
NAME	6740 HIGHWAY AVENUE	CITY-ST-ZIP	06/26/08-80002-013 500.00
STREET ADDRESS	JACKSONVILLE, FL 32254		
CITY-ST-ZIP			
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #