


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004641 1. Entity Name FLOAT-CRETE SYSTEMS, LLC	
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Principal Place of Business 417 WEST RIVER ROAD PALATKA, FL 32177	Mailing Address 417 WEST RIVER ROAD PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3645117	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BIRD-LOEFFLER, BONNIE L 417 WEST RIVER RD. PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOEFFLER, FEDERICO LAJA 118 MEXICO, 01900
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO MASSEY, KENNETH DR AV. DEL BOSQUE SUITE 915-706 PROVIDENCIA, SA 66507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	QD BIRD, BILL 15 MAYFLOWER ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/16/05-80059-011 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FEDERICO LOEFFLER 03/13/05 **286-325-6528**

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