* 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

	MENT # L00000015	165	A FILED		
1. Entity Name TILTCRETE, LLC					
				004 AUG 31 P 1:41	
Principal Plac	e of Business	Mailing Address		יייייייייייייייייייייייייייייייייייייי	
		12599 NW 107TH AVEN	UE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MEDLEY, FL	33178	MEDLEY, FL 33178			
2 Principal P	Place of Business	3. Mailing Address			
		3. Maining Address			DF HIDID MHDA DHIDAH III SDEL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08192004 Chg-LLC CR2E08	33 (10/03)
City & State		City & State		4. FEI Number 65-1072136	Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired	5.00 Additional
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered A	
etherted timothy			Name		- ~~~
STREETER, TIMOTHY 12599 NW 107TH AVENUE			Street A	ress (P.O. Box Number is Not Acceptable)	
MEDLEY,	FL 33178			<u></u>	
			City	FL	Zip Code
8. The above	e named entity submits this statement for	or the purpose of changing its re	egistered office or	gistered agent, or both, in the State of Florida. I am f	I amiliar with, and accept
the obligat	tions of registered agent.				
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signat	required when reinstating) DATE	
,					•
A	mended AR is \$50.00			Make check pa Florida Departme	•
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES	☐ Change ☐ Addition
TITLE NAME	STREETER, TIMOTHY	☐ Delete	NAME		
STREET ADDRESS	7420 SW 170 TERRACE		STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI, FL 33157 MGRM	☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME	DWECK, LUZ STELLA	La Delete	NAME	0000412203	
STREET ADDRESS CITY-ST-ZIP	8601 S.W. 129 TERRACE MIAMI, FL 33166		STREET ADDRESS CITY-ST-ZIP	00004127 03 09/22/0401078002	***50,00
TITLE	MGRM	☐ Delete	TITLE	MGRM	Mac Change
NAME	CANCIO, JOSE	2 00000	NAME	CANCIO, JOSE F.	
STREET ADDRESS CITY-ST-ZIP	799 CRAMDOM BLVD #308 KEY BISCAYNE, FL 33149		STREET ADDRESS CITY-ST-ZIP	799 <u>Crandon</u> Blud #308 Key Biscayne, F1, 33,149.	
TITLE	1 DIOCATIVE, 1 E 33145	Delete	TITLE	MGRM	☐ Change
NAME	1		NAME	CANCID. JOSE A	
STREET ADDRESS . CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	799 Crandon Blud. # St Key Bis couns, Fl 33	-
TITLE		☐ Delete	TITLE	-1	☐ Change ☐ Addition
			NAME		
			STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Délete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Délete	NAME.		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0	☐ Délete			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	·	NAME STREET ADDRESS CITY-ST-ZIP	l in Section 119.07(3)(i), Florida Statutes. I further cert	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that he information supplied wit toon this report is true and accurate an ability company or the receiver on truste	th this filling does not qualify for d that my signature shall have th	NAME STREET ADDRESS CITY-ST-ZIP the exemption sta he same legal effe	l in Section 119.07(3)(i), Florida Statules. I further cer as if made unden oath; that I am a managing membe Chapter 608, Florida Statutes.	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T1. I hereby the indicated	certify that the information supplied wit on this report is true and accurate an ability company or the receiver or truste	th this filing does not qualify for d that my signature shall have the ee empowered to execute this re	NAME STREET ADDRESS CITY-ST-ZIP the exemption sta he same legal effe eport as required	I in Section 119.07(3)(i), Florida Statules. I further cert as if made under oath; that I am a managing membe Chapter 608, Florida Statutes.	ify that the information r or manager of the
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	ability company or the receiver offruste	th this filling does not qualify for d that my signature shall have the empowered to execute this result.	NAME STREET ADDRESS CITY-ST-ZIP the exemption states ame legal effection as required.	Chapter 608, Florida Statutes. 100 24 200 305	