

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015165

Entity Name: TILTCRETE, LLC

FILED  
Jan 10, 2005  
Secretary of State

**Current Principal Place of Business:**

12599 NW 107TH AVENUE  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

12599 NW 107TH AVENUE  
MEDLEY, FL 33178

**New Mailing Address:**

FEI Number: 65-1072136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STREETER, TIMOTHY  
12599 NW 107TH AVENUE  
MEDLEY, FL 33178 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: STREETER, TIMOTHY  
Address: 7420 SW 170 TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: DWECK, LUZ STELLA  
Address: 8601 S.W. 129 TERRACE  
City-St-Zip: MIAMI, FL 33166

Title: MGRM ( ) Delete  
Name: CANCIO, JOSE  
Address: 799 CRANDON BLVD #308  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: CANCIO, JOSE A  
Address: 799 CRANDON BLVD #308  
City-St-Zip: KEY BISCAYNE, FL 33149

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY STREETER

MGR

01/10/2005

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