


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90132 039 ****55.00

DOCUMENT # L01000002200

1. Entity Name
MODERN CONCRETE, LLC



Principal Place of Business
**2000 GLADES RD #324
 BOCA RATON, FL 33431**

Mailing Address
**2000 GLADES RD #324
 BOCA RATON, FL 33431**

60024086



2. Principal Place of Business - No P.O. Box #
1900 Glades Rd #301

3. Mailing Address
1900 Glades Rd #301

Suite, Apt. #, etc.

02152007 Chg-LLC CR2E083 (12/06)

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33431

Country

4. FEI Number
65-1077765

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, GILBERT
 2000 GLADES RD. STE 324
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1900 Glades Rd #301

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 *Gilbert Spencer* **Gilbert Spencer** 2/2/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPENCER, GILBERT 2000 GLADES RD STE 324 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1900 Glades Rd #301 Boca Raton FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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: *Gilbert Spencer* **Gilbert Spencer** 2/19/07 561 395-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #