

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/25/2003-90041-005-\$50.00-\$50.00

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<b>DOCUMENT # L02000001598</b>						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">03 SEP 15 PM 1:28</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
<b>1. Entity Name</b> NORTHWEST FLORIDA CONCRETE EQUIPMENT SALES, L.L.C.				<b>Principal Place of Business</b> 55 SOUTH B STREET PENSACOLA FL 32501				<b>Mailing Address</b> 55 SOUTH B STREET PENSACOLA FL 32501	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.				<div style="background-color: black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>City &amp; State</b>				<b>City &amp; State</b>					
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>			
<b>4. FEI Number</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SULLIVAN, PATRICK 55 SOUTH B STREET PENSACOLA FL 32501						<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 24, 2003</b>									
<b>9. MANAGING MEMBERS/MANAGERS</b>					<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAFTSMAN, L.L.C. 55 SOUTH B STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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			
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>									
<b>SIGNATURE:</b> _____ <b>REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>									
					<small>Date</small>		<small>Daytime Phone #</small>		

CR2E083 (4/03)