


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90116 028 ****50.00

DOCUMENT # L02000003921	
1. Entity Name ACTION CONCRETE PUMPING, LLC	

Principal Place of Business 1941 12TH AVE NE NAPLES FL 34120-5468	Mailing Address 1941 12TH AVE NE NAPLES FL 34120-5468
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2. Principal Place of Business 3617 Exuma way	3. Mailing Address P.O. BOX 112948
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FLA	City & State Naples, Florida
Zip 34119	Country USA
City & State Naples, FLA	City & State Naples, Florida
Zip 34119	Country USA



MOORE CR2E083 (4/04)

4. FEI Number 75-3001800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIESKY, JAMES H 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYES, IAN 1941 12TH AVE NE NAPLES FL 34120 <i>→ Address Change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYES, IAN 3617 Exuma way Naples, FL 34119 <i>Change Address</i>
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
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

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.

SIGNATURE: *[Signature]* **PROB. IAN W. KEYES 7/29/04 (239) 253-0055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #