


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000004506

1. Entity Name
SUNSHINE STATE SOLARCRETE, LLC



Principal Place of Business
**300 GULF BLVD.
BELLEAIR SHORE, FL 33786**

Mailing Address
**300 GULF BLVD.
BELLEAIR SHORE, FL 33786**

DO NOT WRITE IN THIS SPACE



01162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0397599	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

**PARSONS, ROBERT
300 GULF BLVD.
BELLEAIR SHORE, FL 33786**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, ROBERT W 300 GULF BOULEVARD BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KONOPKA, PETER 17455 JEFFERSON STREET UNION, IL 60180
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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:  **ROBERT W. PARSONS** 1/7/05 (727) 596-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #