

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90027 019 ****55.00

0064370

DOCUMENT # L02000007677



1. Entity Name
CONCRETE CONCEPTS L.L.C.

Principal Place of Business

2621 SE 45TH ST.
OCALA FL 34480

Mailing Address

2621 SE 45TH ST.
OCALA FL 34480

2. Principal Place of Business

2200 NE 36th Ave

3. Mailing Address

SAME.

Suite, Apt. #, etc.

Bldg 200 STE 203

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Zip

34470

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0583371

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDGETT, DAVID E ESQ
2800 E. SILVER SPRINGS BLVD., STE. 205
OCALA FL 34470

7. Name and Address of New Registered Agent

Name **Christine Russell**

Street Address (P.O. Box Number is Not Acceptable)
7571 NW 10th ST

City **Ocala**

FL

Zip Code **34482**

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 **Chussell Business Mgr**

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

(NOTE: Registered Agent signature required when reinstating)

2/19/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **OBENOUR, MARK**
STREET ADDRESS **2621 SE 45TH ST.**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **MGRM** Change Addition
NAME **Christine J. Russell**
STREET ADDRESS **7571 NW 10th ST**
CITY-ST-ZIP **Ocala FL 34482**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Dae Obenour**
STREET ADDRESS **2621 SE 45th ST**
CITY-ST-ZIP **OCALA FL 34480**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Douglas Russell**
STREET ADDRESS **7571 NW 10th ST**
CITY-ST-ZIP **Ocala FL 34482**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SGPATS REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/03 352-369-8677

Date

Daytime Phone #

CR2E083 (10/02)