

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

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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

7. Name and Address of New Registered Agent

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

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 **Christine Russell Business Mgr**

DATE **2/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	OBENOUR, MARK	2621 SE 45TH ST.	OCALA FL 34480	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Christine J. Russell	7571 NW 10th ST	OCALA FL 34482	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	DAE Obenour	2621 SE 45th ST	OCALA FL 34480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Douglas Russell	7571 NW 10th ST	OCALA FL 34482	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

DATE **2/20/03** DAYTIME PHONE # **352-369-8677**

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

DATE Daytime Phone #

CR2E083 (10/02)