

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90696 028 \*\*\*\*50.00

DOCUMENT # L02000031129

1. Entity Name

~~FORMWORKS/BAKER CONCRETE VENTURES, LLC~~

FORMWORKS/BAKER JV, LLC.



Principal Place of Business

4951 S. W 34TH PLACE  
FORT LAUDERDALE FL 33314

Mailing Address

4951 S. W 34TH PLACE  
FORT LAUDERDALE FL 33314

2. Principal Place of Business

3. Mailing Address

900 N. GARVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MONROE OH

4. FEI Number

42-1562305

Applied For

Not Applicable

Zip

Country

Zip

Country

45050

OH

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

CORPCO, INC.

2699 SOUTH BAYSHORE DRIVE, SEVENTH FLOOR  
MIAMI FL 33133

Name

JULIAN GUNNOE

Street Address (P.O. Box Number is Not Acceptable)

4951 S.W. 34 PLACE

City

FT LAUDERDALE

FL

Zip Code

33314

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

*Julian Gunnoe* JULIAN GUNNOE

4/10/03

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

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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: *Donald M. Marks* DONALD M. MARKS MEMBER 954 587 557

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

Date

Daytime Phone #

CR2F093 (10/02)