


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90105 035 \*\*\*\*50.00

<b>DOCUMENT # L03000032627</b>					
1. Entity Name <b>J D W CEMENT WORKS, LLC</b>					
Principal Place of Business <del>6130 N.W. 59TH PLACE</del> <del>GAINESVILLE FL 32653</del>			Mailing Address <del>6130 N.W. 59TH PLACE</del> <del>GAINESVILLE FL 32653</del>		
2. Principal Place of Business <b>9580 NW 136TH DRIVE</b>			3. Mailing Address <b>NEW ADDRESS</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>ALACHUA, FL.</b>			City & State <b>ALACHUA, FL.</b>		
Zip <b>32615</b>		Country <b>ALACHUA</b>		4. FEI Number <b>42-1606 728</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BITETTI, WILLIAM L</b> <b>6130 N.W. 59TH PLACE</b> <b>GAINESVILLE FL 32653</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BITETTI, WILLIAM L 6130 N.W. 59TH PLACE GAINESVILLE FL 32653 <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	
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: <u>William Bitetti</u> <b>2/3/2004</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					