2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jul 12, 2007 8:00 am Secretary of State

DOCUMENT # L03000043257 1. Entity Namo MODULAR PRECAST SYSTEMS, LLC				06-25-2007 90115 018 ****55.00			
Principal Plac	co of Business	Mailing Address	1	7			
3700 W. LAKE HAMILTON DRIVE 3700 W. LAKE HAMILTON DRIVE WINTER HAVEN FL 33881 WINTER HAVEN FL 33881				30011683			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address		B	1125	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. 4, etc.		CR2E083 (10/06)		
City & State		City & Stato	City & Stato		Applied Not App		
Zø	Country		Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Re	gistered Agent		
, ,	· · · · · · · · · · · · · ·		Name				
PLATI, VINCE 3700 W. LAKE HAMILTON DRIVE WINTER HAVEN FL 33881		'E	Street Addres	s (P.O. Box Number is Not Acceptable)	(P.O. Box Number is Not Acceptable)		
**	TIEN HATELLE GOOD,				···		
= -		· · · · · · · · · · · · · · · · · · ·	City		FL Zip Code		
8. The above the obligat	named entity submits this statement for tions of registered again.	the purpose of changing its reg	gistered office or regist	lered agent, or both, in the State of Flori	da. +am familiar with, and a	accopt	
SIGNATURE	popular	tr			1-25-07		
	Signature, rypecy of primed night of registered agont un		g-stated Agent signature requi		DAYE		
!	•		/!!! FEE IS \$50.00	I			
		Make Check Payable to Due B	to Florida Departm ly May 1, 2007	ent of State			
9.	MANAGING MEMBER		10.	ADDITIONS/C	MANOES		
nile	MGR MGR	Delete	10.	ADD. HOLTO, C		Addition	
NAME	PLATI, VINCE	J	NAME		_ , =		
STREET ADDRESS CITY-ST-71P	3700 W. LAKE HAMILTON DRIVE		STREET ADDRESS CITY SE ZIP				
lilit	WINTER HAVEN FL 33881	☐ Delete	mu .		☐ Change ☐ A	* *****	
HAME	PLATI, LARRY	□ Uacc	NAME		∐ UMange ∟ra	Addition	
SIRFEI ADDRESS	3700 W. LAKE HAMILTON DRIVE	J	STREET ADDRESS				
CHY-ST-ZIP	WINTER HAVEN FL 33881		CHY+SE-ZP				
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CITY - ST- ZIP			CITY-S1-ZIP				
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NAME STREET ADDRESS			NAME. STRUET ADDRESS				
CITY ST-ZIP			CITY-SI-ZIP				
BRE		☐ Delete	MILL	-	Change A	Addition	
	ŗ		1				
NAME.			NAMI CHILATAMONICI				
NAME SIREEL ADDRESS CITY-S1-ZIP			NAMI SIBILITADORESS CHY-S1-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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: 7-5-07
CONSTURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 500 CHARLE Prove 1