


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90166 045 ****50.00

DOCUMENT # L03000043915	
1. Entity Name DESIGN CONCRETE & MASONRY, LLC	

Principal Place of Business 769 NE GALILEAN STREET PORT ST. LUCIE FL 34983	Mailing Address 769 NE GALILEAN STREET PORT ST. LUCIE FL 34983
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2. Principal Place of Business 1610 SE Village Green Dr	3. Mailing Address 1610 SE Village Green Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State Port St. Lucie FL	City & State Port St. Lucie FL
Zip 34952	Zip 34952
Country USA	Country USA

4. FEI Number 30-0217902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRECHBILL, MARK 215 SOUTH FEDERAL HIGHWAY, SUITE 100 STUART FL 34994
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE **1-25-2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN KEVIN COOK 769 NE GALILEAN STREET PORT ST. LUCIE FL 34983 <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 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 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: John K. Cook **John Kevin Cook** **1-25-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #