
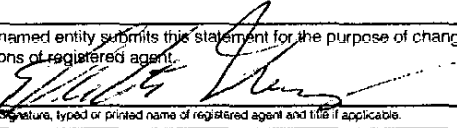



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90161 020 ****50.00

DOCUMENT # L03000044833			
1. Entity Name GOMEZ CONCRETE, LLC			
Principal Place of Business 9312 EAST RIVER DRIVE NAVARRE, FL 32566		Mailing Address 9312 EAST RIVER DRIVE NAVARRE, FL 32566	
2. Principal Place of Business 8265 Callemio st <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8265 Callemio st. <small>Suite, Apt. #, etc.</small>	
City & State Navarre FL		City & State Navarre FL	
4. FEI Number 920180063		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02082004 Chg-LLC CR2E083 (10/03)	
Zip 33566	Country Santa Rosa	Zip 33566	Country Santa Rosa
6. Name and Address of Current Registered Agent GOMEZ, ELISBERTO 9312 EAST RIVER DRIVE NAVARRE, FL 32566		7. Name and Address of New Registered Agent Name Gomez Elisberto Street Address (P.O. Box Number is Not Acceptable) 8265 Callemio st City Navarre FL Zip Code 33566	
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 Elisberto Gomez	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, ELISBERTO 9313 EAST RIVER DRIVE NAVARRE, FL 32566 <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	MGRM GOMEZ, ELISBERTO JR. 9313 EAST RIVER DRIVE NAVARRE, FL 32566 <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
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: 		DATE Elisberto Gomez	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE Daytime Phone #</small>	