2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000046340 1. Entity Name SANCHEZ CONCRETE, LLC Principal Place of Business Mailing Address

**FILED** May 02, 2005 08:00-AM Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

108 E. MAGNOLIA

DAVENPORT, FL 33837

	41. <b>14.</b> 0. <b>10.014 1</b> 4.082 11.0 <b>10.0</b> 1 <b>10.026</b> 2 11.0 1 <b>0.0</b> .
04252005 No Chg-LLC	CR2E083 (10/03)

4. FEI Number		Applied For
20-0420751	["	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

Fee Required

MINOR, DEBI 4609 HWY 17-92 W HAINES CITY, FL 33844

108 E. MAGNOLIA DAVENPORT, FL 33837

## DO NOT WRITE IN THIS SPACE

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				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS	. , , , ,	s the manufacture of the second second	
TITLE	MGRM	1		
NAME	SANCHEZ, MIGUEL A			
STREET ADDRESS	108 E. MAGNOLIA			
CITY-ST-ZIP	DAVENPORT, FL 33837			
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NAME				
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not quently on this report is true and accurate and that my signature should be company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the company or the company or the company or the company of the c	ualify for the exemption stated in Section 119.07(3)( all have the same legal effect as if made under oath oute this report as required by Chanter 608. Florida	i), Florida Statutes. I further certify that the information that I am a managing member or manager of the Statutes.	

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE