


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90019 050 ****50.00

DOCUMENT # L03000047800	
1. Entity Name HARMAN'S CONCRETE, LLC	

Principal Place of Business 1966 PIRATES PT. RD. YULEE FL 32097 US	Mailing Address 1966 PIRATES PT. RD. YULEE FL 32097 US
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2. Principal Place of Business 97454 PIRATES PT.	3. Mailing Address 97454 PIRATES PT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Yulee
City & State Yulee FL	City & State Yulee FL
Zip 32097	Country NASSAU



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0402696		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HARMAN, TERRANCE D 1966 PIRATES PT. RD. YULEE FL 32097		7. Name and Address of New Registered Agent Name Terrance D Harman Street Address (P.O. Box Number is Not Acceptable) 97454 PIRATES PT RD City Yulee FL Zip Code 32097

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 Terrance D Harman DATE 4-8-05
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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. HARMAN, TERRANCE D 1966 PIRATES PT. RD. 97454 YULEE FL 32097 <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: Terrance D Harman Terrance D Harman (904) 277-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone