
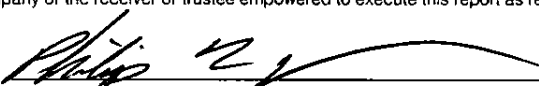


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90221 039 \*\*\*\*50.00

|   |  |  |   |   |                                    |
|---|--|--|---|---|------------------------------------|
| <b>DOCUMENT # L03000048720</b><br>1. Entity Name<br><b>PHIL JONES CONCRETE LLC</b>  |  |  |   |  |                                    |
| Principal Place of Business<br><b>66 SANTA MARTA STREET</b><br><b>PORT CHARLOTTE, FL 33954 US</b>   |  |  | Mailing Address<br><b>66 SANTA MARTA STREET</b><br><b>PORT CHARLOTTE, FL 33954 US</b>   |   |                                    |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                      |   |   |                                    |
| City & State  |  | City & State   |   |   |                                    |
| Zip   | Country  | Zip  | Country   |   | 4. FEI Number<br><b>20-0439824</b> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>JONES, PHILIP</b><br><b>66 SANTA MARTA STREET</b><br><b>PORT CHARLOTTE, FL 33954</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |                                    |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |                                    |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>JONES, PHILIP</b><br><b>66 SANTA MARTA STREET</b><br><b>PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |   |                                    |
| <b>SIGNATURE:</b>    |  |  | <b>3-30-04</b>  |   |                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #  |   |                                    |