2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)** 

## DOCUMENT # L03000049437

1. Entity Name



Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90019 031 \*\*\*\*50.00

RODERIC	CK M O'CONNOR CONCRE	TE LLC		012/20019001	, 031	0.00
Principal Place of Business 2536 RIVER BEND DR RUSKIN FL 33570		Mailing Address 2536 RIVER BEND DR RUSKIN FL 33570		- -		٠.
2. Principal I	Place of Business	3. Mailing Address -				
	PAME		BUD BR			EASH WHAT
Suite, Apt	. #. etc.	Suite, Apt. #, etc.		MOORE CR2EC	083 (11/03)	
City & Sta	te	City State	Ct.	4. FEI Number 02-0712497		oplied For ot Applicable
Zip	Country	Zip. 37470	Country	5. Certificate of Status Desired	\$5.00 Add	litional
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registere	•	<del></del>
			Name			
22 (	KHOLD, CINDY GOODRICH AVE RASOTA FL 34236		Street Address (	(P.O. Box Number is Not Acceptable)		
			City	F	■ Zip Code	e
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its re	gistered office or register	red agent, or both, in the State of Florida. I ar	_	and accept
SIGNATURE	Signature, typed or printed name of registered ager	and little if analysable (NOTE Q	egistered Agent signature required	d when reinstating) DATE		
	<u>-</u>	FILE NOW	V!!! FEE IS \$50.00			
9.	MANAGING MEMB	BERS/MANAGERS	10.	ADDITIONS/CHANGE	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, RODERICK M 2536 RIVER BEND DR RUSKIN FL 33570	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE HAME STREET ADDRESS SITY - ST - ZIP	-	☐ Delete_	TITLE NAME STREET ADDRESS		☐ Change-	☐ Addition ~
TITLE HAME TREET ADDRESS HTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ITLE  IAME  TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change	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:

ODERICK M. OCONNOR