


# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049861	
1. Entity Name <b>CAPPS CONCRETE, LLC</b>	

**FILED**  
09 JUN -9 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>CAPPS CONCRETE, LLC</b>	Mailing Address <b>CAPPS CONCRETE, LLC</b>
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2. Principal Place of Business - No P.O. Box # <b>17255 NW 71ST AVE</b>	3. Mailing Address <b>17255 NW 71ST AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TRENTON, FL</b>	City & State <b>TRENTON</b>
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Zip <b>32693</b>	Country <b>USA</b>	Zip <b>32693</b>	Country <b>USA</b>
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4. FEI Number <b>20-0601465</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CAPPS, HUBERT J JR</b> <b>17255 NW 71ST AVE</b> <b>TRENTON, FL 32693</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 <b>05/19/09</b>
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CAPPS, HUBERT J</b> <b>17255 NW 71ST AVE</b> <b>TRENTON, FL 32693</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CAPPS, HUBERT J</b> <b>17255 NW 71ST AVE</b> <b>TRENTON, FL 32693</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CAPPS, GARY</b> <b>6590 NW 170TH ST</b> <b>TRENTON, FL 32693</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CAPPS, GARY</b> <b>6590 NW 170TH ST</b> <b>TRENTON, FL 32693</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CAPPS, DAVID</b> <b>11390 NW 75TH AVE</b> <b>CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CAPPS, DAVID</b> <b>11390 NW 75TH AVE</b> <b>CHIEFLAND, FL 32626</b> <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 exemptions contained in Chapter 119, 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: <u>Hubert J. Capps Jr</u>	Date: <u>May 19, 2009</u>	Daytime Phone #: <u>352-745-2729</u>
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