


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> L03000054632 1. Entity Name KOEHLER CONCRETE LLC	
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Principal Place of Business 1644 SW COLLEGE STREET STUART, FL 34997 US	Mailing Address 1644 SW COLLEGE STREET STUART, FL 34997 US
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**DO NOT WRITE IN THIS SPACE**



08062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2514343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEHLER, STEPHEN D  
1644 SW COLLEGE  
STUART, FL 34997

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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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEHLER, STEPHEN D 1644 SW COLLEGE STREET STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOEHLER, PAMELA 1644 SW COLLEGE STREET STUART, FL 34997
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09/07/07-80004-011 50.00

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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:** Pamela Koehler Pamela Koehler 9-4-07 7722889856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #