2008 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Apr 15, 2008 08:00 AN **DOCUMENT # L03000054632 Secretary of State** 1. Entity Name KOEHLER CONCRETE LLC Principal Place of Business Mailing Address 1644 SW COLLEGE STREET 1644 SW COLLEGE STREET STUART, FL 34997 US STUART, FL 34997 US 04072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2514343 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOEHLER, STEPHEN D DO NOT WRITE 1644 SW COLLEGE STUART, FL 34997 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000898776 9. MANAGING MEMBERS/MANAGERS MGR mue KOEHLER, STEPHEN D NAME STREET ADDRESS 1644 SW COLLEGE STREET CHY-ST-ZIP STUART, FL 34997 MGRM TITLE KOEHLER, PAMELA NAME STREET ADDRESS 1644 SW COLLEGE STREET CITY-ST-ZIP STUART, FL 34997 TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.