

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000056068 1. Entity Name BY GEORGE CONCRETE TOPPINGS, LLC	
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Principal Place of Business 5711 LINDEN LANE BOKEELIA, FL 33922 US	Mailing Address 5711 LINDEN LANE BOKEELIA, FL 33922 US
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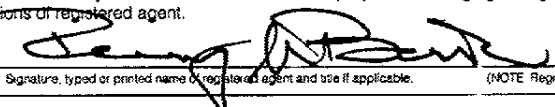
02022007 No Chg-LLC CR2E083 (11.05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3521319	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BAITSON, ESQ., ROSEMARY A 2026 HENLEY PLACE FORT MYERS, FL 33901	DO NOT WRITE IN THIS SPACE
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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  **2/2/07**
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**U000000620919
02/09/07-80057-004 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAITSON, GEORGE T 5711 LINDEN LANE BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMSEY, JONATHAN 5711 LINDEN LANE BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAITSON, GEORGE C 5711 LINDEN LANE BOKEELIA, FL 33922
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:  **2/2/07 (239) 332-2101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #