2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# L04000001002

Entity Name: RMC TOTAL JOBSITE DEVELOPMENT LLC

Current Principal Place of Business:

9730 BAYMEADOWS DR.
INVERNESS, FL 34450 US

New Principal Place of Business:

7829 CR 248B
LAKE PANASOFFKEE, FL 33538 US

Current Mailing Address:

9730 BAYMEADOWS DR.
INVERNESS, FL 34450 US

New Mailing Address:

7829 CR 248B
LAKE PANASOFFKEE, FL 33538 US

FEI Number: 73-1692477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSA, LANDON M
9730 BAYMEADOWS DRIVE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MASSA, LANDON M	
Address:	9730 BAYMEADOWS DRIVE	
City-St-Zip:	INVERNESS, FL 34450 US	
Title:	MGRM	( ) Delete
Name:	MASSA, JASON N	
Address:	6596 35 LANE	
City-St-Zip:	VERO BEACH, FL 32966 US	
Title:	MGRM	( ) Delete
Name:	MASSA, RON	
Address:	7829 CR 248B	
City-St-Zip:	LAKE PANASOFFKEE, FL 33538 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON MASSA MGRM 02/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date