

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004192

Entity Name: RICHCRETE L.L.C.

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

7310 19TH AVENUE WEST
BRADENTON, FL 34209 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1384
PALMETTO, FL 34220

New Mailing Address:

7310 19TH AVE WEST
BRADENTON, FL 34209

FEI Number: 65-1001333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEISSNER, GREGORY C
1111 3RD AVE WEST
SUITE 150
BRADENTON, FL 34205 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: RICHARDSON, ROGER D JR.
Address: 7310 19TH AVE W
City-St-Zip: BRADENTON, FL 34209 US

Title: MGRM () Delete
Name: RICHARDSON, ROGER D SR.
Address: 7310 19TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: JAGGER, SHARON K
Address: 7310 19TH AVE WEST
City-St-Zip: BRADENTON, FL 34209 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON K JAGGER

MGRM

02/23/2007

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