2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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1. Entity Name CHASTAIN CONCRETE PUMPING, LLC						UI	SECRETA VISION C	Finnaf	ORATI	e Ons	
			·	Cocas	II.32	•	05 SEP -	8 AM	10: na	<u> </u>	
Principal Place of Business Mailing Address											
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2. Principal Place of Bus	3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				1st MOORE		CR2E08	3 (10/04)	
City & State		City & State	City & State			4. FEI Nurr	ber ()	TIF	128	-	plied For t Applicable
Zip Country		Zip	Zip Cour		try		<u> </u>		<u> </u>	\$5.00 Add	
							ite of Status D			Fee Require	
6. Name and Address of Current Registered Agent					7	7. Name a	nd Address o	of New Re	gistered /	Agent	
CHASTAIN, THERESA					 			·		 -	
1987 LAKE					Street Address (P.O. Box Number is Not Acceptable)						
NEW SMYRNA BEACH FL 32168											
				City					FL	Zip Cod	•
9. The above named an	tity submits this statement	for the purpose of changing	na ite regiete	red office or	registered	agent or	both in the St	ate of Flor		familiar with	and accept
the obligations of regi		tor the purpose of changing	ilà ità lediare	ied office of	registered	agent, or i	500t, III 61 0 30	ale of Figi	iua. Tani	sammar with,	and accept
SIGNATURE	<u></u>										
Signature, typ	ad or printed name of registered age			ed Agent signatur		en reinslating)	1		DATE		
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		Wake Check Pa		lay 1, 2005		OI SIALE]				
9.	MANAGING MEM	BERS/MANAGERS	10	<u> </u>			ADD	OITIONS/	HANGES		
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NAME MIC	chdel Ch	astain	NAI								
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STREET ADDRESS				REET ADDRESS							
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11. I hereby certify that indicated on this ren	the information supplied woort is true and accurate ar	with this filling does not quality and that my signature shall	lify for the ex	emption state	ed in Secti	on 119.07(3)(i), Florida 9	Statutes, I	further cer	tify that the in	nformation or of the
	pany or the receiver or trus							- marragi		or manage	
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SIGNATURE:	E AND TYPED OR PRINTED NAME	F OF SIGNMS MANACING MEANIN	ILL V	OR AUTHODIZED	DEBBECENA	ATIVE	2 <i> 20 </i> [C	20		Dayturne Phone #	
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