

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013671

FILED
Aug 13, 2007
Secretary of State

Entity Name: ADVANCED CONCRETE LLC

Current Principal Place of Business:

9032 BROKENLANCE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9032 BROKENLANCE DR
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 84-1638072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOX, MARTIN R
9032 BROKENLANCE DR
TALLAHASSEE, FL 32312 US

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: FOX, MARTIN R
Address: 9032 BROKENLANCE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: ROLLINS, TOMMY L
Address: 3029 PEMBERTON CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: FOX, JESSE
Address: 9032 BROKENLANCE DR
City-St-Zip: TALLAHASSEE, FL 32312

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: MARTIN FOX

OWNE

08/13/2007

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