

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015227

FILED
Jun 22, 2005
Secretary of State

Entity Name: SUPERIOR CONCRETE CONSTRUCTION, LLC

Current Principal Place of Business:

15420 COUNTY ROAD
565A
CLEARMOUNT, FL 34711 US

Current Mailing Address:

P O BOX 509
SMITHVILLE, MO 64089

New Principal Place of Business:

15420 COUNTY ROAD
565A
CLERMONT, FL 34711 US

New Mailing Address:

P O BOX 121430
CLERMONT, FL 34711

FEI Number: 01-0807242 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:

COLSON, PAULA S
301 YAMATO
4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MARRA, PAULA S
301 YAMATO
4150
BOCA RATON, FL 33431 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: PAULA MARRA

06/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAPLES, SHANNON H
Address: 427 NE AMORY
City-St-Zip: SMITHVILLE, MO 64089

Title: MGRM () Delete
Name: BILLY, MAPLES L
Address: 7206 N. WALNUT
City-St-Zip: GLADSTONE, MO 64118

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: KRISTIE, MAPLES L
Address: 385 KATHERINE LANE
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTIE MAPLES

MGRM

06/22/2005

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