

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000018587**

**1. Entity Name**  
**JOE'S CONCRETE CONSTRUCTION LTD. CO.**



**Principal Place of Business**

**54439 BEA RD.**  
**CALLAHAN, FL 32011**

**Mailing Address**

**54439 BEA RD.**  
**CALLAHAN, FL 32011**

**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
**02-0653640**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**DAUGHTRY, JOE**  
**54439 BEA RD.**  
**CALLAHAN, FL 32011**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Joe Daughtry*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>DAUGHTRY, JOE</b>
<b>STREET ADDRESS</b>	<b>54439 BEA RD.</b>
<b>CITY-ST-ZIP</b>	<b>CALLAHAN, FL 32011</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/20/06-80037-014 55.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*Joe Daughtry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*5-2-06*

Date

*904-879-0853*

Daytime Phone #