## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 14, 2005 8:00 am Secretary of State

DOCUMENT # L04000020544  1. Entity Name QUINN'S CONCRETE PUMPING, LLC							07-14-2005	-		
Principal Place of Business 11141 OCEANSPRAY BLVD. ENGLEWOOD, FL 34224			Mailing Address 11141 OCEANSPRAY BLVD. ENGLEWOOD, FL 34224			<b>₩</b> ₩₩₩₩				
2. Principal Place of Business			3. Mailing Address							
SUIIB, APT. #, etc.		Suite, Apt. #, etc.			06302005	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State			4. FEI Numb	per		<del></del>	plied For Applicable	
Zip	Country		Zip	p Count		5. Certificate of Status Desired Status Desired Fee Required				
	6. Name and Addre	ss of Current R	egistered Agent		Name	7. Name an	d Address of New	Registered /	Agent	
QUINN, VINCENT G 11141 OCEANSPRAY BLVD. ENGLEWOOD, FL 34224			Street Address			(P.O. Box Number is Not Acceptable)				
	305,11 04214				City		<del>.</del>	Fl	Zip Code	
		is statement for	the purpose of changing it	s register	d office or registe	ered agent, or bo	oth, in the State of f		lamiliar with	and accept
	Constant book or printed some	of maintenan popular	a title if encylcathing. (AlC	TE: Decision	d Agent signature requin	and uniform residentials		/ 7 <sub>DATE</sub>	<del> </del>	
SIGNATURE Signature, typed or printed name of registered agent and time of applicable. (NOTE  Filling Fee is \$50.00  Due by September 7, 2005						<u></u>		ike check p		,
9.	MANA	GING MEMBER	S/MANAGERS	10.			ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS	MGRM QUINN, VINCENT G 11141 OCEANSPRA		Delete	TITL! NAM STRE	L				☐ Change	☐ Addition
CITY-ST-ZIP	ENGLEWOOD, FL			-ST-ZIP						
name Street address			□ Dedete		E Et address				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME			☐ Delete	CITY					Change '	Addition
STREET ADDRESS" City-\$t-zip				STRE	ET ADDRESS - - ST-ZIP	- •				~ -
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delicite	TITU NAM STRE	E E ET ADDRESS				Change	Addition
CITY-ST-ZIP  FITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Delicite	TITU NAM STRE	ſ				☐ Change	Addition
limited lia	certify that the information on this report is true and billity company or the recurrence.	eiver or trustee	his filing does not qualify finat my signature shall have empowered to execute this	or the exe e the same s report as	mption stated in S e legal effect as if s required by Cha	iection 119,07(3) made under oat pter 608, Florida	(i), Florida Statutes h; that I am a man Statutes.		tify that the ir er or manage	aformation of the