

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000030195

1. Entity Name
PERRY'S CONCRETE LLC



Principal Place of Business
207 PUTNAM AVE
PALATKA, FL 32177

Mailing Address

207 PUTNAM AVE
PALATKA, FL 32177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



01132005 Chg-LLC CR2E083 (10/03)

Zip

Zip

Country

4. FEI Number
37-1489393

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINCE, PERRY
207 PUTNAM AVE
PALATKA, FL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

6. 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

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

(NOTE: Registered Agent signature required when reincorporating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VINCE, PERRY 207 PUTNAM AVE PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

3/8/05 (386) 939-0627

Date

Daytime Phone #

ACORD INSURANCE BINDER

ATTACHMENT
404600030195
2002013

OP ID AC

DATE
01/26/05

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER	PHONE (A/C, No. Ext): 904-743-4314 904-743-5657	COMPANY	BINDER # 36522
Specialty Insurance Services Florida PO Box 11869 Jacksonville FL 32239-1869		PENN-AMERICA INSURANCE COMPANY	
		EFFECTIVE DATE 01/25/05	EXPIRATION DATE 02/24/05
		TIME AM PM	TIME 12:01 AM NOON
		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: PAC6411196	
CODE:	SUB CODE:	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENCY CUSTOMER ID: PERRYS3		RESIDENTIAL CONCRETE CONSTRUCTION (MASONRY) - A MINIMUM EARNED PREMIUM OF 25% BUT NOT LESS THAN \$350. APPLIES TO THIS POLICY	
INSURED PERRY'S CONCRETE, LLC 207 PUTNAM AVE PALATKA FL 32177			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input checked="" type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR	This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by Surplus Lines Carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right to recovery for the obligation of an insolvent unlicensed insurer.		EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$100,000. \$100,000. \$1,000. \$100,000. \$100,000. \$100,000.
X PREMISES/OPERATIONS <input checked="" type="checkbox"/> \$500. BI/PD DEDUCTIBLE				
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	SURPLUS LINES AGENT: Melanie D. Hostford LIC #: A123542 ADDRESS: P. O. Box 11869, Jax, FL 32239-1869 PROD AGT: BOBBY MILICAN MILICAN INSURANCE AGENCY ADDR: P.O. DRAWER 1297 PALATKA, FL 32077		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE COLLISION: OTHER THAN COL:	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE STATED AMOUNT OTHER	
GARAGE LIABILITY ANY AUTO			AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$
SPECIAL CONDITIONS/ ADM + \$100. INS + \$36.75 TAX + \$1.84 FLSO; AFFIDAVIT OF DILIGENT EFFORT OTHER COVERAGES IS REQUIRED SUBJECT TO A SATISFACTORY INSPECTION AND APPLICATION			FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED	
	LOSS PAYEE		
LOAN #			
AUTHORIZED REPRESENTATIVE			