2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000033027** 05-02-2005 90372 050 ****50 00 WILLIAM BROWN CONCRETE CONSTRUCTION LLC Principal Place of Business Mailing Address 772 NE CEMETARY RD. P.O. BOX 2174 LAKE CITY, FL 32056 LAKE CITY, FL 32055 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 59-2147164 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, KAREN Street Address (P.O. Box Number is Not Acceptable) 772 NE CEMETARY RD LAKE CITY, FL 32056 Zip Code City 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, 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 May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE MLE Change ☐ Addition BROWN, WILLIAM L NAME NAME STREET ADDRESS P.O. BOX 2174 STREET ADDRESS CITY-ST-78P CITY-ST-7IP LAKE CITY, FL 32056 ☐ Delete TITLE TITLE ☐ Change ☐ Addition BROWN, JUSTIN T NAME NAME STREET ADORESS STREET ADDRESS P.O. BOX 2174 CITY-ST-71P LAKE CITY, FL 32056 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition BROWN, KAREN T NAME NAME STREET ADDRESS P.O. BOX 2174 STREET ADDRESS CMY-ST-ZIP LAKE CITY, FL 32056 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIII F TITE E ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HALE STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

in I Beown SIC VAT'

CITY-ST-ZIP

4-28-05

FILED