## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000033027**

1. Entity Name
WILLIAM BROWN CONCRETE CONSTRUCTION LLC



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

772 NE CEMETARY RD. LAKE CITY, FL 32055 P.O. BOX 2174 LAKE CITY, FL 32056



04302008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	59-2147164

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, KAREN 772 NE CEMETARY RD LAKE CITY, FL 32056

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-29-08

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.	Kaun Brown	Karer	Brown	4-29-08		
Signature, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538,75						
Alter may 1, 2000 Fee will be \$000.70						
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR					
NAME	BROWN, WILLIAM L					
STREET ADDRESS	P.O. BOX 2174					
CITY-ST-ZIP	LAKE CITY, FL 32056					
TITLE	MGRM					
NAME	BROWN, JUSTIN T					
STREET ADDRESS	P.O. BOX 2174			U00000946556		
CITY-ST-ZIP	LAKE CITY, FL 32056			05/30/08-80054-014 138.75		
TITLE	MGR			11. 22. 33 3333   32. 1331.0		
NAME	BROWN, KAREN T					
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11. I hereby certify that the information supplied with this filling 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.						