
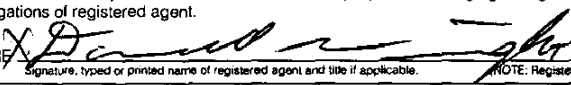



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90035 043 \*\*\*\*50.00

<b>DOCUMENT # L04000037690</b> 1. Entity Name <b>DARNELL WRIGHT CONCRETE LLC</b>					
Principal Place of Business 1221 RIO GRANDE CIRCLE PENSACOLA, FL 32505			Mailing Address 1221 RIO GRANDE CIRCLE PENSACOLA, FL 32505		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>4260 Eress Blvd</b>		Suite, Apt. #, etc. <b>4260 Eress Blvd</b>			
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>			
Zip <b>32505</b>		Country <b>Escambia</b>		Zip <b>32505</b>	
Country <b>Escambia</b>		4. FEI Number <b>20-1135767</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROCKWELL ACCOUNTING LLC</b> <b>9015 BOWMAN AVE</b> <b>PENSACOLA, FL 32534</b>			7. Name and Address of New Registered Agent Name <b>Darnell Wright</b> Street Address (P.O. Box Number is Not Acceptable) <b>4260 Eress Blvd</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32505</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WRIGHT, DARNELL 1221 RIO GRANDE CIRCLE PENSACOLA, FL 32534		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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: 			Date <b>8/12/05</b> Daytime Phone # <b>(850)356-4826</b>		