2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000038316

Entity Name: CONCRETE EXPRESSIONS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2411 E GRAVES AVE STE. 1
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

2411 E GRAVES AVE STE. 1
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-1157550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELVAGGI, MICHAEL A
3231 CRESTWOOD FOREST DR
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SELVAGGI, MICHAEL A	
Address:	3231 CRESTWOOD FOREST DR.	
City-St-Zip:	DELTONA, FL 32725	
Title:	MGRM	( ) Delete
Name:	WILSON, JAMES A	
Address:	1634 KEELING DR	
City-St-Zip:	DELTONA, FL 32738	
Title:	MGRM	( ) Delete
Name:	STEWART, DANIEL	
Address:	1220 GREENLAND HAMMOCK	
City-St-Zip:	DELAND, FL 32720	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES A WILSON MGRM 04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date