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May 03, 2005 8:00 am
Secretary of State
05-03-2005 90013 020 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

20054381

DOCUMENT # L04000041932

1. Entity Name
KEYSTONE PRECAST SALES LLC

Principal Place of Business	Mailing Address
123 WAMSLEY ROAD JACKSONVILLE, FL 32254 US	1064 HALIFAX ROAD JACKSONVILLE, FL 32216 US

04302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7424 Silver Lake Te	7424 Silver Lake Te
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32216 Country: Duval	Zip: 32216 Country: Duval

4. FEI Number 90-0179700 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARALUS, MARGARET E 1064 HALIFAX ROAD JACKSONVILLE, FL 32216	Name: Street Address (P.O. Box Number is Not Acceptable): 7424 Silver Lake Terrace City: Jacksonville FL Zip Code: 32216

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: Margaret Karalus — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 4/30/05

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	☐ Delete	TITLE: Manager NAME: Margaret E Karalus STREET ADDRESS: 7424 Silver Lake Terrace	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	Jacksonville FL 32216	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ 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: Margaret Karalus Margaret E Karalus 4/30/05 904.805.9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT #L0400004193Z
20050138

Form **8822**
(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Change of Address

▶ Please type or print.
▶ See instructions on back. ▶ Do not attach this form to your return.

OMB No. 1545-1163

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . . ▶ ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name ▶ Social security number

3a Your name (first name, initial, and last name)	3b Your social security number

4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 ☑ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
10 ☑ Business location

11a Business name	11b Employer identification number
Keystone Precast Sales, LLC	90 0179700

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
1064 Halifax Road, Jacksonville FL 32216	

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
7424 Silver Lake Terrace, Jacksonville FL 32216	

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.
7424 Silver Lake Terrace, Jacksonville FL 32216	

Part III Signature

Daytime telephone number of person to contact (optional) ▶ (904) 805-9030

Sign Here

▶ _____ Your signature — Date

▶ _____ If joint return, spouse's signature — Date

▶ Margaret Kudlus 4/30/05
If Part II completed, signature of owner, officer, or representative — Date

▶ Managing Manager
Title