2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000044466** 05-02-2005 90099 001 ****50.00 1. Entity Name V & L MATERIALS, LLC Principal Place of Business Mailing Address 928 NW 16TH AVE., STE. 3 P.O. BOX 5415 20052100 GAINESVILLE, FL 32601 GAINESVILLE, FL 32627-5415 2. Principal Place of Business 3. Mailing Address 411 Greve Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-LLC CR2E083 (10/03) City & State City & State 4 FFI Number Applied For Pensacola, Florida Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 32507 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, IVAN PH.D. Street Address (P.O. Box Number is Not Acceptable) **BUSINESS CONSULTANT** 6088 BERRYHILL RD., MILTON, FL 32570 133 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE ŧ. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM ☐ Change TITLE. ☐ Delete TITLE ☐ Addition VAIL, ROBERT C NAME NAME STREET ADDRESS 502 NW 15TH AVE. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32601 CITY-ST-7IP MGRM TITLE Delete TITLE ☐ Change ☐ Addition LLAHUES, MANUEL R NAME NAME STREET ADDRESS 2539 SOUTH BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 applicate 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 regions of the report is true and application of the limited liability company or the regions of the liability company or the regions of the liability company of the liability Wanuel R. Llahues 4/27/05 President (850) 492-5644 SIGNATURE: _____

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Daytime Phone #

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE