

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045252

1. Entity Name
CONCRETE SQUEEZE PUMPS, LLC



Principal Place of Business
**11544 NORMANDY BLVD
JACKSONVILLE, FL 32221**

Mailing Address
**11544 NORMANDY BLVD
JACKSONVILLE, FL 32221**



03012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1267472

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEARDSLEY, DALE A ESQ.
4595 LEXINGTON AVE., SUITE #100
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOWER, THOMAS T
STREET ADDRESS	11544 NORMANDY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000534551
05/08/06-80016-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

David Weed **David Weed** 4-25-06 904-378-0007