


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000045252</b> 1. Entity Name CONCRETE SQUEEZE PUMPS, LLC	
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Principal Place of Business 11544 NORMANDY BLVD JACKSONVILLE, FL 32221	Mailing Address 11544 NORMANDY BLVD JACKSONVILLE, FL 32221
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1267472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  BEARDSLEY, DALE A ESQ. 4595 LEXINGTON AVE., SUITE #100 JACKSONVILLE, FL 32210
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000694460  
04/17/07-80019-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWER, THOMAS T 11544 NORMANDY BLVD JACKSONVILLE, FL 32221
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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 E. [Signature] DAVID W. [Signature] 4/3/07 904-378-0007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #