

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048941

Entity Name: SURFSIDE CONCRETE LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

827 FLOUNDER AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

807 E. 25TH AVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

827 FLOUNDER AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

807 E. 25TH AVE
NEW SMYRNA BEACH, FL 32169

FEI Number: 90-0102879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLINGERMAN, CHRISTOPHER
827 FLOUNDER AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

CLINGERMAN, CHRISTOPHER
807 E. 25TH AVE
NEW SMYRNA BEACH, FL 32169 US

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: CHRISTOPHER B. CLINGERMAN

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CLINGERMAN, CHRISTOPHER
Address: 827 FLOUNDER AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLINGERMAN, CHRISTOPHER
Address: 807 E. 25TH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: CHRISTOPHER B. CLINGERMAN

MGRM

05/01/2005

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