

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 010 \*\*\*\*50.00

<b>DOCUMENT # L04000067013</b>					
<b>1. Entity Name</b> GATOR'S CEMENT, LLC					
<b>Principal Place of Business</b> 939 LALONDE RD. N. FT. MYERS FL 33917			<b>Mailing Address</b> 939 LALONDE RD. N. FT. MYERS FL 33917		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>4. FEE Number</b> 65-0080181			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SAFFORD, STEPHEN T 939 LALONDE RD. N. FT. MYERS FL 33917					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> SAFFORD, STEPHEN T 939 LALONDE RD. N. FT. MYERS FL 33917				
<input type="checkbox"/> Delete					
<b>10. ADDITIONS/CHANGES</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <i>Stephen T Safford</i> <span style="float: right;">7/28/05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					