2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# L04000074760

Entity Name: ERWIN'S ARCHITECTURAL PRECAST LLC

Current Principal Place of Business:

506 HOLLEY ST.
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

506 HOLLEY ST.
LABELLE, FL 33935 US

New Mailing Address:

FEI Number: 26-0098056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERWIN, TRAVIS S
506 HOLLEY ST
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ERWIN, TRAVIS S
Address: 506 HOLLEY ST
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM ( ) Delete
Name: ERWIN, MICHELLE L
Address: 506 HOLLEY ST
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete
Name: JOHNSON, DAVID L
Address: 10351 BINKY LN
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TRAVIS S ERWIN MGR 02/25/2007

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