

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009644

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** PRESTIGE AB READY MIX OF GROVELAND, LLC

**Current Principal Place of Business:**

7228-C WESTPORT PLACE  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

20415 INDEPENDENCE BLVD  
GROVELAND, FL 34736

**Current Mailing Address:**

7228-C WESTPORT PLACE  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

FEI Number: 20-2246781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAHONEY, BRIAN  
7228-C WESTPORT PLACE  
WEST PALM BEACH, FL 33413      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: MGRM      ( ) Delete  
Name: MAHONEY, BRIAN  
Address: 7228-C WESTPORT PLACE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: MGRM      ( ) Delete  
Name: KAHLI, BEAT  
Address: 7228-C WESTPORT PLACE  
City-St-Zip: WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES:**

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: BRIAN MAHONEY      MGRM      01/18/2006

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