2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/28/2006-90107-014-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10: 56

DOCUMENT # L05000012857

1. Entity Name
KEY CONCRETE LLC

Principal Place of Business	Mailing Address
7115 CLEMSON ST KEYSTONE HEIGHTS, FL 32656	7115 CLEMSON ST KEYSTONE HEIGHTS, FL 32656

07202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
7115 Clemson ST.	7115 Clemson ST Keystn HTS Fl. 32656
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KeysTone HeighTs Fl	City & State: KeysTone HeighTs Fl
Zip: 32656 Country: Clay	Zip: 32656 Country: Clay

4. FEI Number 20-2368038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEETER, WILLIAM J
7115 CLEMSON ST.
KEYSTONE HEIGHTS, FL 32656

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole owner William TeeTer 7115 Clemson ST KeysTone HeighTs Fl.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Presid~~ Sole Proprieter William TeeTer 7115 Clemson ST KeysTone HeighTs Fl	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM William Teeter 7115 Clemson st	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KeyStone Hts FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: William J Teeter 8/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #