## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2007 08:00 A Secretary of State DOCUMENT # L05000019850 1. Entity Name WALKER CONCRETE LLC Principal Place of Business Mailing Address 38 SE 9 AVE. 38 SE 9 AVE. CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 04162007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0540385 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, JAMES DO NOT WRITE 38 SE 9 AVE. CRYSTAL RIVER, FL 34429 IN THIS SPACE 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 Fiorida 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 May 1, 2007 U00000752858 9. MANAGING MEMBERS/MANAGERS MGRM TITLE WALKER, JAMES NAME STREET ADDRESS 38 SE 9 AVE. CRYSTAL RIVER, FL 34429 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP