

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026756

FILED
Aug 12, 2007
Secretary of State

Entity Name: COLT CONCRETE RESTORATION, LLC

Current Principal Place of Business:

4650 SW 51ST STREET
717
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

1314 EAST LAS OLAS BOULEVARD
P.O. BOX 1000
FORT LAUDERDALE, FL 33301

New Mailing Address:

4650 SW 51ST STREET
717
DAVIE, FL 33314

FEI Number: 32-0144859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BOULEVARD, SUITE 1000
FORT LAUDERDALE, FL 33301 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: SCHAEFER, PATRICIA L
Address: 4650 SW 51ST STREET, 717
City-St-Zip: DAVIE, FL 33314

Title: MGR () Delete
Name: SCHAEFER, KENNETH M
Address: 4650 SW 51ST STREET, 717
City-St-Zip: DAVIE, FL 33314

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 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: PATRICIA SCHAEFER

MGR

08/12/2007

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