2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING

Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # L05000029998 1. Entity Name 02-10-2006 90167 012 ****50.00 J.E. CADMAN CONCRETE LLC Mailing Address Principal Place of Business P.O. BOX 1163 100 ORLEANDER CIRCLE KEY LARGO FL 33037 TAVERNIER FL 33070 2. Principal Place of Business 3. Mailing Address 100 OLEANDET ICO CLEALOET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) EE 3 City & State City & State 4. FEI Number KEY **LA**rGo Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired USA 3 303 33037 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CADMAN, JEFFERY E Street Address (P.O. Box Number is Not Acceptable) 100 ORLEANDER CIRCLE KEY LARGO FL 33037 City 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 re SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition NAME CADMAN, JEFFERY E NAME STREET ADDRESS STREET ADDRESS 100 ORLEANDER CIRCLE CITY-ST-ZIP CITY-ST-7IP KEY LARGO FL 33037 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED