2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# L05000030965

Entity Name: CAPE CONCRETE, LLC

Current Principal Place of Business:

P.O. BOX 811
PORT ST. JOE, FL 32457 US

New Principal Place of Business:

151 A COMMERCE DRIVE
PORT ST. JOE, FL 32456 US

Current Mailing Address:

P.O. BOX 811
PORT ST. JOE, FL 32457 US

New Mailing Address:

FEI Number: 20-2593296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRING, SAMUEL R
9054 COCKLES AVE.
PORT ST. JOE, FL 32456 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: SPRING, SAMUEL R
Address: P.O. BOX 811
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: MGRM ( ) Delete
Name: NEWMAN, GEORGE S JR.
Address: P.O. BOX 501
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: MGRM ( ) Delete
Name: FARRELL, JOSEPH P
Address: 236 BALBOA ST.
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: GRISCOM, JOHN W
Address: P.O. BOX 811
City-St-Zip: PORT ST. JOE, FL 32457 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SAMUEL R. SPRING MGRM 05/08/2008

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