


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90129 019 \*\*\*\*50.00

<b>DOCUMENT # L05000034439</b> 1. Entity Name <b>SUNCOAST CONCRETE, L.L.C.</b>					
Principal Place of Business <b>18044 COUNTY LINE ROAD SPRING HILL, FL 34610</b>			Mailing Address <b>18044 COUNTY LINE ROAD SPRING HILL, FL 34610</b>		
2. Principal Place of Business <b>16137 Putnam Street</b>		3. Mailing Address <b>16137 Putnam Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Spring Hill FL</b>		City & State <b>Spring Hill FL</b>		4. FEI Number <b>26-0132606</b>	
Zip <b>34604</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ROMANCKY, HERBERT H 18044 COUNTY LINE ROAD SPRING HILL, FL 34610</b>			7. Name and Address of New Registered Agent Name <b>Romancky, Herbert H.</b> Street Address (B.O. Box Number is Not Acceptable) <b>16137 Putnam Street</b> City <b>Spring Hill FL</b> Zip Code <b>34604</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROMANCKY, HERBERT H 18044 COUNTY LINE ROAD SPRING HILL, FL 34610</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Romancky, Herbert H. 16137 Putnam Street Spring Hill FL 34604</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Herbert H. Romancky</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>8/14/06 (352) 792-7769</b> <small>Date Daytime Phone #</small>		