

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000057044	
1. Entity Name PRI CONSTRUCTION MATERIALS TECHNOLOGIES, LLC	

Principal Place of Business 6408 BADGER DRIVE TAMPA FL 33610	Mailing Address 6408 BADGER DRIVE TAMPA FL 33610
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-3300725	Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent WHITAKER, DANIEL D CAREY O'MALLEY WHITAKER & MANSON, P.A. 712 SOUTH OREGON AVENUE TAMPA FL 33606-2543		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature typed or printed name of registered agent and title (not printed) (NOTE: Registered agent's signature is required when filing a statement of change) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GRZYBOWSKI, KENNETH F 6408 BADGER DRIVE TAMPA FL 33610	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	

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.

SIGNATURE: K. J. Grzybowski 1/25/08 813-621-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #