

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065959

Entity Name: A PLUS PAVERS, L.L.C.

FILED  
Jul 11, 2006  
Secretary of State

**Current Principal Place of Business:**

5991 CHESTER AVENUE, SUITE 211  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

6015 CHESTER CIR  
208  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

5991 CHESTER AVENUE, SUITE 211  
JACKSONVILLE, FL 32217

**New Mailing Address:**

PO BOX 23816  
JACKSONVILLE, FL 32241

FEI Number: 32-0145002      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:**

HOWES, TREVOR  
5991 CHESTER AVENUE, SUITE 211  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

HOWES, TREVOR B OWNER  
6015 CHESTER CIR  
208  
JACKSONVILLE, FL 32217 US

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: TREVOR B HOWES

07/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BURR, WILLIAM R OWNER  
Address: 6015 CHESTER CIR #208  
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R BURR

MGR

07/11/2006

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