2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065959

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

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6015 CHESTER CIR 6000 PHILIPS HWY

208 SUITE #10

JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

PO BOX 23816 P.O. BOX 23816

JACKSONVILLE, FL 32241 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: Name and Address of New Registered Agent:

HOWES, TREVOR B OWNER
6015 CHESTER CIR
HOWES, TREVOR B OWNER
6000 PHILIPS HWY

208 SUITE #10

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32216 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: 05/01/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 BURR, WILLIAM R OWNER
 Name:
 BURR, WILLIAM R OWNER

 Address:
 6015 CHESTER CIR #208
 Address:
 6000 PHILIPS HWY SUITE #10

 City-St-Zip:
 JACKSONVILLE, FL 32217 US
 City-St-Zip:
 JACKSONVILLE, FL 32216 US

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: WILLIAM BURR MGR 05/01/2008