


LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9.15-06
150w

DOCUMENT # L05000083195	
1. Entity Name AFFORDABLE CONCRETE PUMANS LLC	

FILED

2006 OCT 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2008 10th Street N.W.	3. Mailing Address P.O. Box 2414
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Winter Haven, Fla.	City & State Winter Haven, Fla.
Zip 33883-2414	Zip 33883-2414
Country Polk	Country Polk

CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE

4. FEE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name Andrew Thornton	
Street Address (P.O. Box Number is Not Acceptable) 2008 10th Street N.W.	
City Winter Haven	FL 33883-2414

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 Andrew Thornton	DATE

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Tom Kendra P.O. Box 2414 Winter Haven FLA 33883	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700080962687 10/18/06--01046--005 **55.00		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Tom Kendra	Date	Daytime Phone #
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