2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L05000083195

1. Entity Name

AFFORDABLE CONCRETE PUMPING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:29

Principal Place of Business	Mailing Address
2008 - 10TH STREET NW WINTER HAVEN FL 33880	P.O. BOX 2414 WINTER HAVEN FL 33883

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2008 - 10th St NW	P.O Box 2414
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven	City & State: Winter Haven Fla
Zip: 33880 Country: POLK	Zip: 33883 Country: POLK

4. NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORNTON, ANDREA 2008 - 10TH STREET NW WINTER HAVEN FL 33880	Name: Andrew Thornton Street Address (P.O. Box Number Not Acceptable): 2008 10th St. N.W. City: Winter Haven FL Zip Code: 33880

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 10/05/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALL, TOM P.O. BOX 2414 WINTER HAVEN FL 33883	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000110494910 10/09/07--01041--011 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition WOP 2007
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition BL

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: Tom Kendall Oct 5/07 8632934535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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Dear Mrs. Harvey,

Thank you for helping me out of such a "tough" spot. I'm forever in your debt.

When the next renewal comes. I'll get it done. Cancer or not.

Thank you,
Andrea Houston

Per our conversation of 10/5/07
at 3:00 P.M.