


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

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90015 021 \*\*\*138.75

<b>DOCUMENT # L05000083195</b>	
1. Entity Name <b>AFFORDABLE CONCRETE PUMPING LLC</b>	

Principal Place of Business <b>2008 - 10TH STREET NW WINTER HAVEN FL 33880</b>	Mailing Address <b>P.O. BOX 2414 WINTER HAVEN FL 33883</b>
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2. Principal Place of Business / No P.O. Box # <b>2008-10th St NW</b>	3. Mailing Address <b>PO Box 2414</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State <b>WINTER HAVEN FL</b>	City & State <b>FL</b>
Zip <b>33880</b>	Zip <b>33883</b>
Country <b>POLK</b>	Country <b>POLK</b>

4. FEI Number <b>26-64-0178</b>	Applied For <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Certificate of Status Desired <b>ART</b>	Additional Fee Required <b>\$5.00</b>

6. Name and Address of Current Registered Agent <b>THORNTON, ANDREA 2008 - 10TH STREET NW WINTER HAVEN FL 33880</b>
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7. Name and Address of New Registered Agent Name <b>Andrea Thornton</b> Address (P.O. Box Number if Not Applicable) <b>2008 10th Street N.W.</b> City <b>Winter Haven</b> FL Zip Code <b>33880</b>
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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 <b>Andrea Thornton</b> Signature typed or printed name of registered agent and title if applicable <b>04/14/08</b> (NOTE: Registered Agent's signature required when reinstating)
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KENDALL, TOM P.O. BOX 2414 WINTER HAVEN FL 33883</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Tom Kendall</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>04/14/08</b> Date <b>863-293-4535</b> Daytime Phone #
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