2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State
09-08-2006 90043 001 ****50.00

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1. Entity Name
WHITE'S CONTEMPORARY CONCRETE, LLC

Principal Place of Business	Mailing Address
2867 N 9TH STREET ST AUGUSTINE, FL 32084	2867 N 9TH STREET ST AUGUSTINE, FL 32084

07262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
906 Bruen St	906 Bruen St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine Fla	City & State: St Augustine Fl
Zip: 32084 Country: USA	Zip: 32084 Country: USA

4. FEI Number: 20-3489705 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, TONY A
2867 N 9TH STREET
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name: White, Tony A
Street Address (P.O. Box Number is Not Acceptable): 906 Bruen St
City: St Augustine FL Zip Code: 32084

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHITE, TONY A		NAME	
STREET ADDRESS	2867 N 9TH STREET		STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Tony A White 9-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date