## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000100379

Address:

City-St-Zip:

32857 N RIVER RD

HARRISON TOWNSHIP, MI 48045

Entity Name: FLORIDA PRECAST GROUP, LLC

FILED Feb 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6201 LEE ANN LANE NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6201 LEE ANN LANE NAPLES, FL 34109 FEI Number: 20-3954800 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SZYMCZAK, ROBERT A 9687 CYPRÉSS HAMMOCK CIRCLE #201 BONITA SPRINGS, FL 34135 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change ( ) Addition SZYMCZAK, ROBERT A RA SZYMCZAK ENTERPRI, SES LTD Name: Name: 9687 CYPRESS HAMMOCK CIRCLE #201 Address: 9687 CYPRESS HAMMOCK CIRCLE #201 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: MGR (X) Delete Title: () Change () Addition Name: DECLERK, DENNIS Name: Address: 464 CAMBRIDGE WAY Address: City-St-Zip: BLOOMFIELD HILLS, MI 48304 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ZAPCZYNSKI, KENNETH A Name: Name: 5200 CRYSTAL CREEK LANE Address: Address: City-St-Zip: WASHINGTON, MI 48094 City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition ZAPCZYNSKI, NORMAN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT A SZYMCZAK MGRM 02/03/2006