


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:42

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|--|---|--|---|---|--|
| DOCUMENT # L05000100379 1. Entity Name FLORIDA PRECAST GROUP, LLC | | | |  | |
| Principal Place of Business 6201 LEE ANN LANE NAPLES, FL 34109 | | | Mailing Address 6201 LEE ANN LANE NAPLES, FL 34109 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| | | 09012006 Chg-LLC | | CR2E083 (11/05) | |
| 4. FEI Number 20-3954800 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SZYMCZAK, ROBERT A 9687 CYPRESS HAMMOCK CIRCLE #201 BONITA SPRINGS, FL 34135 | | | Name Szymczak, Robert A Street Address (P.O. Box Number is Not Acceptable) 9154 Willow Walk City Bonita Springs FL Zip Code 34135 | | |
| 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 <u>Robert A. Szymczak - Agent</u> DATE <u>9/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$50.00 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RA SZYMCZAK ENTERPRISES LTD 9687 CYPRESS HAMMOCK CIRCLE #201 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RA Szymczak Enterprises, Ltd. 9154 Willow Walk Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZAPCZYNSKI, KENNETH A 5200 CRYSTAL CREEK LANE WASHINGTON, MI 48094 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZAPCZYNSKI, NORMAN 32857 N RIVER RD HARRISON TOWNSHIP, MI 48045 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600079879896 09/15/06--01045--007 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 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: <u>Robert A Szymczak Managing Member</u> DATE <u>9/8/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |