


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90128 004 ****55.00

DOCUMENT # L05000101731	
1. Entity Name OMNICRETE CONSTRUCTION OF FLORIDA, LLC	

Principal Place of Business 120 INTERNATIONAL PARKWAY SUITE 220 HEATHROW, FL 32746-5031	Mailing Address 120 INTERNATIONAL PARKWAY SUITE 220 HEATHROW, FL 32746-5031
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20053047



2. Principal Place of Business 778 MONROE Rd. Suite, Apt. #, etc.	3. Mailing Address 778 MONROE Rd. Suite, Apt. #, etc.
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07242006 Chg-LLC CR2E083 (11/05)

City & State SANFORD, FL	City & State SANFORD, FL
Zip 32771	Zip 32771
Country US	Country US

4. FEI Number 20-3766879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TERRY, LEONARD R 120 INTERNATIONAL PARKWAY SUITE 220 HEATHROW, FL 32746-5031	7. Name and Address of New Registered Agent Name TERRY, LEONARD R. Street Address (P.O. Box Number is Not Acceptable) 778 MONROE Rd. City SANFORD FL Zip Code 32771
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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 Leonard R. Terry MGRM Leonard R. Terry 8/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRY, LEONARD R 120 INTERNATIONAL PARKWAY HEATHROW, FL 327465031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	778 MONROE RD. SANFORD, FL 32771 <input checked="" 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	MGRM TERRY, DONNA M 778 MONROE RD SANFORD, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRY, Rachel E 778 MONROE RD SANFORD, FL 32771 <input type="checkbox"/> Change <input checked="" 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
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
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: Leonard R. Terry MGRM 8/17/06 (407) 792 4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Leonard R. Terry