2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State
04-03-2006 90070 035 ****50.00

DOCUMENT # L05000105280

1. Entity Name

W D M CONCRETE, LLC

Principal Place of Business	Mailing Address
PO BOX 2634 LAKE CITY FL 32056-2634	PO BOX 2634 LAKE CITY FL 32056-2634

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
P.O. BOX 2634	P.O. BOX 2634
Suite, Apt. #, etc.: LAke City Fl.	Suite, Apt. #, etc.:
City & State:	City & State: LAke City Fl. 32056-2634
Zip: 32056-2634 Country: Columbia	Zip: 32056-2634 Country: Columbia

4. FEI Number: 20-3928156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, ANTHONY W
246 N.W. CHESWICKE STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: AnThony W. LUCAS
Street Address (P.O. Box Number is Not Acceptable): 246 N.W. CheSWICK Dr.
City: LAke City FL Zip Code: 32055

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LUCAS, ANTHONY WAYNE	
STREET ADDRESS	PO BOX 2634	
CITY-ST-ZIP	LAKE CITY FL 32056-2634	
TITLE	MGRM	☐ Delete
NAME	KNIGHT, MARTIN	
STREET ADDRESS	PO BOX 2634	
CITY-ST-ZIP	LAKE CITY FL 32056-2634	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: AnThony W. LUCAS [signature] 3/27/06 386-984-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #