2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # L05000108285** 04-24-2007 90117 044 ****50.00 **EMC BRICK PAVERS, LLC** Principal Place of Business Mailing Address **842 PELICAN PLACE** 842 PELICAN PLACE PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business - No P.O. Box # 11712 Sand CASTIE LANG Suite, Apt. #, etc. 3. Mailing Address O.Bex 04192007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3878545 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name Steve 100 RYON, STEVE Street Address (P.O. Box Number is 10t Acceptable) **842 PELICAN PLACE** PANAMA CITY BEACH, FL 32407 A4D City 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. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RYON, STEVE NAME STREET ADDRESS 842 PELICAN PLACE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-7IP TITLE ☐ Delete MLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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

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.



FILED