

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

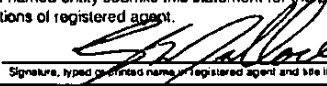
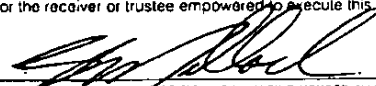
**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90034 047 \*\*\*\*50.00

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04172007 Chg-LLC CR2E083 (12/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                    |                                                                                                                                      |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000007973</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                    |                                                                                                                                      |  |  |
| 1. Entity Name<br><b>STABIL CONCRETE PRODUCTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                    |                                                                                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>3431 EDMONDSON COURT<br/>SARASOTA, FL 34242</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                    | Mailing Address<br><b>3431 EDMONDSON COURT<br/>SARASOTA, FL 34242</b>                                                                |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                    | 3. Mailing Address                                                                                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                    | Suite, Apt. #, etc.                                                                                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                    | City & State                                                                                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                              | Zip                                                | Country                                                                                                                              | 4. FEI Number<br><b>20-4181303</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                    |                                                                                                                                      | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                    |                                                                                                                                      | \$5.00 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>SILBERSTEIN, DAVID M<br/>720 SOUTH ORANGE AVENUE<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                   |  |
| 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 <b>4/21/07</b>                                                                                                                  |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                    | Make check payable to<br>Florida Department of State                                                                                 |                                                                                   |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                    | 10. ADDITIONS / CHANGES                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>MALLOCH, GRAEME<br>3431 EDMONDSON COURT<br>SARASOTA, FL 34242 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                    | DATE <b>4/21/07</b> 727-321-6000                                                                                                     |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                    |                                                                                                                                      |                                                                                   |  |