

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90007 009 \*\*\*138.75

<b>DOCUMENT # L06000044937</b>					
<b>1. Entity Name</b> ADVANCED CONCRETE TECHNIQUES, LLC					
<b>Principal Place of Business</b> 4745 SUTTON PARK COURT 602 JACKSONVILLE, FL 32224 US			<b>Mailing Address</b> 4745 SUTTON PARK COURT 602 JACKSONVILLE, FL 32224 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 566 Bowie Blvd		<b>3. Mailing Address</b> Same as #2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Orange Park FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8907771	
<b>Zip</b> 32073		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MANTLE, RAYMOND A 4745 SUTTON PARK COURT 602 JACKSONVILLE, FL 32224			<b>7. Name and Address of New Registered Agent</b> Name: <u>Jaqueline Price</u> Street Address (P.O. Box Number is Not Acceptable): 566 Bowie Blvd City: <u>Orange Park</u> <b>FL</b> <u>32073</u>		
<b>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.</b> SIGNATURE: <u>Jaqueline Price</u> <b>JACQUELINE PRICE</b> <u>4/28/08</u> <small>Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCALLAN, L JOE 4745 SUTTON PARK COURT, SUITE 602 JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	566 Bowie Blvd Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>L. Joe Scallan MGRM</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4-28-08</u> <small>Date Daytime Phone #</small>		

*L. Joe Scallan*