2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049053

Entity Name: ADVANCED PRECAST SYSTEMS, LLC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2014 E. ADAMS ST. JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 2014 E. ADAMS ST. 4446 HENDRICKS AVE JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32207 FEI Number: 20-4876283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, CATHERINE J GRAY, CATHERINE J 2014 É. ADAMS ST. 4446 HENDRICKS AVE JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32207 US 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. SIGNATURE: 04/27/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: MGRM () Change (X) Addition WILSON, JOHN S Name: Name: Address: Address: 2014 EAST ADAMS ST City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

Title: Title: () Change (X) Addition () Delete WILSON, COURTENAY S Name: Name: Address: Address: 331 PONTE VEDRA BLVD City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: () Change (X) Addition Name: PETTY, TOM Name: 2014 EAST ADAMS ST Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN S WILSON MGRM 04/27/2007