
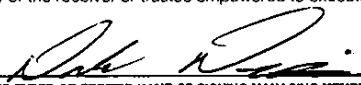


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90014 007 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L06000071154</b><br>1. Entity Name<br><b>FLORIDA CONCRETE MAGIC, LLC</b>   |   |  |   |                     |  |
| Principal Place of Business<br><b>3732 QUANDO CIRCLE<br/>ORLANDO, FL 32812</b>   |   |  | Mailing Address<br><b>3732 QUANDO CIRCLE<br/>ORLANDO, FL 32812</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   |  |  |
| 6. Name and Address of Current Registered Agent  |   |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>DENNIS, DALE</b><br><b>3732 QUANDO CIRCLE</b><br><b>ORLANDO, FL 32812</b>   |   |  |   | Name   |  |
|  |   |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |   |  |   |  |  |
|  |   |  |   | City <span style="float: right;"><b>FL</b></span> 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  <span style="float: right;"><b>7-16-07</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 14, 2007</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE  | MGRM <span style="float: right;"><input type="checkbox"/> Delete</span> |  | TITLE   | <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> |  |
| NAME   | DENNIS, DALE  |  | NAME  |  |  |
| STREET ADDRESS   | 3732 QUANDO CIRCLE  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | ORLANDO, FL 32812   |  | CITY-ST-ZIP   |  |  |
| TITLE  | <span style="float: right;"><input type="checkbox"/> Delete</span>      |  | TITLE   | <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> |  |
| NAME   |   |  | NAME  |  |  |
| STREET ADDRESS   |   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP   |  |  |
| TITLE  | <span style="float: right;"><input type="checkbox"/> Delete</span>      |  | TITLE   | <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> |  |
| NAME   |   |  | NAME  |  |  |
| STREET ADDRESS   |   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP   |  |  |
| TITLE  | <span style="float: right;"><input type="checkbox"/> Delete</span>      |  | TITLE   | <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> |  |
| NAME   |   |  | NAME  |  |  |
| STREET ADDRESS   |   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP   |  |  |
| TITLE  | <span style="float: right;"><input type="checkbox"/> Delete</span>      |  | TITLE   | <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | <b>7-16-07</b> <span style="float: right;"><b>407-902-8284</b></span> |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date Daytime Phone #</small>                                   |  |  |