2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071547

Entity Name: RAPID POUR GROUND COVER LLC

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1663 MARGARETS WALK ROAD
GREEN COVE SPRINGS, FL 32043

1663 MARGARETS WALK ROAD
FLEMING ISLAND, FL 32003

Current Mailing Address: New Mailing Address:

1663 MARGARETS WALK ROAD
GREEN COVE SPRINGS, FL 32043

1663 MARGARETS WALK ROAD
FLEMING ISLAND, FL 32003

FEI Number: 51-0595129 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:

PRESSLEY, ANDREA R 1663 MARGARETS WALK ROAD GREEN COVE SPRINGS, FL 32043 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition PRESSLEY, KENNETH E PRESSLEY, KENNETH E Name: Name: Address: 1663 MARGARETS WALK ROAD Address: 1663 MARGARETS WALK ROAD City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: ROBINSON, MIKE ROBINSON, MIKE

Address: 2970 GRANDE OAKS WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043
Address: 2970 GRANDE OAKS WAY
City-St-Zip: FLEMING ISLAND, FL 32003

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: KENNETH E. PRESSLEY MGRM 02/24/2009