

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088226

FILED
Apr 24, 2007
Secretary of State

Entity Name: PINNACLE CONCRETE AND REBAR, LLC

Current Principal Place of Business:

1680 THE GREENS WAY
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

1680 THE GREENS WAY
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 20-5527668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PYLE, JAMES G MR.
Address: 1680 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Change (X) Addition
Name: MCPHAIL, MICHAEL T MR.
Address: 1680 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Change (X) Addition
Name: CARLSON, MARC A MR.
Address: 1680 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: JAMES G PYLE

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date