

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051759

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MODULAR PRECAST SYSTEMS INTERNATIONAL (MPI) LLC

**Current Principal Place of Business:**

723 N. U.S. #1  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

3700 WEST LAKE HAMILTON DRIVE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P.O. BOX 810848  
BOCA RATON, FL 33481

**New Mailing Address:**

PO BOX 810846  
BOCA RATON, FL 33481

**FEI Number:** 27-2569965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OHREN, NATHAN M  
2117 NW 19TH WAY  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

OHREN, BARBARA  
2117 NW 19TH WAY  
BOCA RATON, FL 33431 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: BARBARA OHREN

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OHREN, NATHAN L  
Address: 2117 NW 19TH WAY  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: RAMLAWI, ZAHID A  
Address: 7751 SW 78TH COURT  
City-St-Zip: MIAMI, FL 33143

Title: MGRM  
Name: PLATI, VINCENT L  
Address: 2239 MALLORY CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

I hereby 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: VINCENT L. PLATI

MGRM

04/27/2012

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