	D LIABILIT ANNUAL RI 1991	_		Sandr Secr	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 28 PM 3: 14		
FILING \$ 188.		ual Report \$100.00 ike Check Payable		<u> </u>	JAHLO	דויט הז				
1. Name of Limit	and Mailing Add lted Liability Con CUSTOM 1 16880 G2		MEN TEMS, #217	T # _{L970}			16880	GATOR RC	DAD, #217	
2. Principa	2. Principal Place of Business 2a. Mailin				ng Address			zed or Qualified	3a. State of Formation	
Suite, Apt. #, etc. Suite			Suite, /	Apt. #, etc.			10/02/1	10/02/1997 FL		
City & State			City & f	City & State					Applied Fo	
Z ip	Zip Country			Zip Counti		iry	5. Date of Last Report		6. Certificate of Status Desi	red
	7. Name	and Address of Current	Registere	ed Agent	<u> </u>	T a	Name and Addre	es of New Regis	stered Agent/Office	<u> </u>
16880 FT. N	MYERS F	ROAD, #217 L 33912	and 608.50 e State of Fi	lorida, Such chan	nge was a	Suite, Apt. #, etc City bove-named limited authorized by affirms	d liability company ative vote of a major	FL submits this state rity of the member	Zip Code ament for the purpose of changes. I hereby accept the appointm	nent
10. Title					Business Street Address			City,	, State and Zip Code	
		CONCRETE S		16880 30104		OR ROAD, ROAD		PUNTA 00002 -06/03	GORDA FL GORDA FL 546428 5/9801038004 88.75 ****188.	

SIGNATURE OR PHYSED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daylime Phone #

SIGNATURE: