

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000718

FILED
Feb 15, 2006
Secretary of State

Entity Name: CARRIER CONCRETE CUTTING, LLC

Current Principal Place of Business:

4995 LACROSS ROAD, SUITE 1800
NORTH CHARLESTON, SC 29406

New Principal Place of Business:

Current Mailing Address:

4995 LACROSS ROAD, SUITE 1800
NORTH CHARLESTON, SC 29406

New Mailing Address:

FEI Number: 43-2000803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIER, JERRY
480 TALL PINES ROAD, SUITE L
WEST PALM BEACH, FL 33413 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: MGR () Delete
Name: HARRIS, JOHN K
Address: 4995 LACROSS ROAD, SUITE 1800
City-St-Zip: NORTH CHARLESTON, SC 29406

Title: MGR () Delete
Name: CARRIER, JERRY
Address: 480 TALL PINES ROAD, #L
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN K. HARRIS

MGR

02/15/2006

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