

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 029 ****50.00

DOCUMENT # M04000000435					
1. Entity Name AGGREGATE CONCEPTS, LLC					
Principal Place of Business JOHN STIGLMEIER, JR 230 EL PUEBLO WAY PALM BEACH, FL 33480			Mailing Address JOHN STIGLMEIER, JR 230 EL PUEBLO WAY PALM BEACH, FL 33480		
2. Principal Place of Business 250 So AUSTRALIAN AVE Suite, Apt. #, etc. SUITE 701 City & State WEST PALM BEACH, FL Zip 33401 Country USA		3. Mailing Address 250 So AUSTRALIAN AVE Suite, Apt. #, etc. SUITE 701 City & State WEST PALM BEACH, FL Zip 33401 Country USA			
01062005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-0654052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>John Stiglmeier, Jr.</u> DATE: <u>1/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIGLMEIER, JOHN JR 230 EL PUEBLO WAY P.O. Box 106 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>John Stiglmeier, Jr.</u> DATE: <u>1/7/05</u> DAYTIME PHONE: <u>561-805-7676</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					