## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1997 MAY -1 AM 10: 30 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #M9600000048 1s. Principal Place of Business Address H, B & J CONCRETE COMPANY, L.L.C. 5435 JUSTINE WAY 5435 JUSTINE WAY WINTER PARK FL 32792 VINTER PARK FL 32792 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Same Same 2/16/1996 MD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-1957693 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıp Country Country st 75 Additional Lec Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name DEY, WILLIAM 5435 JUSTINE WAY Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR ARAUJO, HECTOR 8213-A FLOWER HILL WAY **GAITHERSBURG MD** MGR 5435 Justine Way WILLIAM DEY Winter Park, Fl. 32792 300002176723--8 -05/13/97--01068--012 \*\*\*\*203.75 \*\*\*\*\*203.75

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Marin SIGNATURE AND TYPED OR PRINTED NAME OF ING MANAGING MEMBER OR MANAGER 4-28-97 4076775163

APPROVED