2007 LIMITED LIABITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001308

1. Entity Name
CEMEX SOUTHEAST LLC



FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business

840 GESSNER, SUITE 1400 HOUSTON, TX 77024

Mailing Address

840 GESSNER, SUITE 1400 P.O. Box 1500 HOUSTON, TX 77024 HOUSTON, TX 77251



04242007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

DO NOT WRITE IN THIS SPACE	4. FEI Number	Applied For
	47-0954454	Not Applicable
	5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

DO NOT WRITE IN THIS SPACE

me obligat	ions or registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agunt signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEMEX, INC. 840 GESSNER, SUITE 1400 HOUSTON, TX 77024			
THILE NAME STREET ADDRESS CITY-S1-ZIP	1100310N, 1X 77024		U00000760081 05/24/07-80067-022 50.00	
TITLE NAME STREET ADDRESS CTIY-ST-ZIP		- DO N	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature of the trustee empowered in the company or the recover or trustee empowered in the company or the recover or trustee empowered in the company or the recover or trustee empowered in the company or the recover or trustee empowered in the company or the recover or trustee empowered in the company or the recover or trustee empowered in the company or the company	qualify for the exemptions contained in Chapter 119, I all have the same legal effect as if made under oath cute this report as required by Chapter 608, Florida S	Florida Statutes 1 further certify that the information; that I am a managing member or manager of the statutes	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

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