

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003758

FILED
Jan 06, 2011
Secretary of State

Entity Name: CEMEX CONSTRUCTION MATERIALS FLORIDA, LLC

Current Principal Place of Business:

920 MEMORIAL CITY WAY
SUITE 100
HOUSTON, TX 77024 US

New Principal Place of Business:

Current Mailing Address:

1501 BELVEDERE ROAD
TAX DEPT
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 26-3068068 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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
Name: WHITE, LESLIE S
Address: 920 MEMORIAL CITY WAY, STE. 100
City-St-Zip: HOUSTON, TX 77024

Title: MGR
Name: ANGELLE, FRANK
Address: 920 MEMORIAL CITY WAY, STE. 100
City-St-Zip: HOUSTON, TX 77024

Title: PRES
Name: WATSON, KARL H JR.
Address: 920 MEMORIAL CITY WAY, STE. 100
City-St-Zip: HOUSTON, TX 77024

Title: VP/S
Name: HAZLE, GREG
Address: 1501 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP
Name: CAPASSO, ROBERT J
Address: 1501 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP/S
Name: LOZANO, JORGE
Address: 1501 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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: LESLIE S WHITE

MGR

01/06/2011

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