

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -7 PM 2:22

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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|-------------------|--|
| FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee |
| \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE |

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M98000001083
 ASPHALT PRODUCTION LLC
 ONE SPECTACLE POND ROAD
 LITTLETON MA 01460

1a. Principal Place of Business Address
~~ONE SPECTACLE POND ROAD~~
~~LITTLETON MA 01460~~

2. Principal Place of Business
 110 C.R. 470

3. Date Organized or Qualified
 09/24/1998

3a. State of Formation
 DE

Suite, Apt. #, etc.

4. FEI Number
 65-0866071

Applied For
 Not Applicable

City & State
 Okahumpka, FL

5. Date of Last Report

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

Zip
 34762

Country

Zip

Country

7. Name and Address of Current Registered Agent
 CORPORATION SERVICE , COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 700002834067-0
 Suite, Apt. #, etc
 -04/09/99--01002--011
 ****188.75 ****188.75
 City
 FL
 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 _____ DATE _____
(Registered Agent Accepting Appointment. If/When Registered Agent's signature is required when filing this form.)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|----------------|-------------------------------|------------------------------------|--------------------------|
| MGRM | PEREIRA, ROBERT W | ONE SPECTACLE POND ROAD | LITTLETON MA 01460 |
| MGR | APONAS, ALFRED S | ONE SPECTACLE POND ROAD | LITTLETON MA 01460 |
| MGR | JACOBSON, ROBERT N | ONE SPECTACLE POND ROAD | LITTLETON MA 01460 |
| MGR | FOLGARELLI, JOHN W | ONE SPECTACLE POND ROAD | LITTLETON MA |
| MGR | SWAIN, CHARLES E | ONE SPECTACLE POND ROAD | LITTLETON MA 01460 |

11. I do 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: Robert N. Jacobson MANAGER 2/18/99