2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90288 004 ****50.00

DOCUMENT # M98000001083

1. Entity Name
ASPHALT PRODUCTION LLC

Principal Place of Business	Mailing Address
110 C.R. 470 OKAHUMPKA, FL 34762	C/O THE MIDDLESEX CORPORATION ONE SPECTACLE POND ROAD LITTLETON, MA 01460

DO NOT WRITE IN THIS SPACE

02072005No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0866071
☐ Applied For
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEREIRA, ROBERT W
STREET ADDRESS	ONE SPECTACLE POND ROAD
CITY-ST-ZIP	LITTLETON, MA 01460
TITLE	V
NAME	APONAS, ALFRED S
STREET ADDRESS	18-A SOUTH SHAKER ROAD
CITY-ST-ZIP	HARVARD, MA 01451
TITLE	VTAS
NAME	JACOBSON, ROBERT N
STREET ADDRESS	99 CRANBERRY CIRCLE
CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	VS
NAME	MABARDY, ROBERT L
STREET ADDRESS	10 PEARL STREET
CITY-ST-ZIP	LEXINGTON, MA 02173
TITLE	VAS
NAME	MANCUSO, MICHAEL J JR
STREET ADDRESS	1102 LINMAR AVENUE
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert M. Jacobson TREAS/MGR 3-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #