

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M98000001083 1. Entity Name ASPHALT PRODUCTION LLC	
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Principal Place of Business 110 C.R. 470 OKAHUMPKA, FL 34762	Mailing Address C/O THE MIDDLESEX CORPORATION ONE SPECTACLE POND ROAD LITTLETON, MA 01460
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DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC CR2E083 (11/05)

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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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

000000622978
02/13/07-80046-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREIRA, ROBERT W ONE SPECTACLE POND ROAD LITTLETON, MA 01460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APONAS, ALFRED S 40 GROUSE HOLLOW ROAD MEREDITH, NH 03253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSON, ROBERT N 99 CRANBERRY CIRCLE SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MABARDY, ROBERT L 10 PEARL STREET LEXINGTON, MA 02173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANCUSO, MICHAEL J JR 17035 FLORENCE VIEW MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **MGR** **1/31/07** **978-742-4400 ext. 1330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #