2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800001083

ASPHALT PRODUCTION LLC

SIGNATURE: SIGNATURE AND TYPEDOR PRINTED



FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90050 009 ****50.00

			GO WE THE					
Principal Plac	ce of Business	Mailing Address	•					
110 C.R. 470	•	C/O THE MIDDLESEX CORPORATION	ON .					
OKAHUMPKA F	FL 34762	ONE SPECTACLE POND ROAD						
	2	LITTLETON MA 01460	7.	+ 100100111	18 0 10101 10111 00 111 00 111	20 HH 10 HH 1	818: 11 8 1: 8 7 18: 11	11 00 (46) 4 00 (
2 Principal P	Place of Business	3. Mailing Address	`					
z. minupair	lace of Busiless	d Walling Address	•	1		OOKII OEIII O		
— Suite, Apt.	#, etc.	Suite, Apt. #, etc		į ,	7 00000 0000	C MAKINI	0.000	
			- ('	CHECK HERE I	F MAKINI	3 CHANGES	
City & Stat	e 4 3	City & State		4. FEI Number	65-086607	1	Ar	pplied For
	<u> </u>	<u> </u>	!		03 000001	1	No	ot Applicable
Zip	' Country; :	Zip*	ury	5 Certificate of	of Status Desired	П	\$5.00 Add	
		Registered Agent	· · · · · · · · · · · · · · · · · · ·				Fee Require	d
	6. Name and Address of Current F	7. Name and Address of New Registered Agent						
СТ	CORPORATION SYSTEM		Name					
	SOUTH PINE ISLAND ROAD	Street Address (P.O. Box Number is Not Acceptable)						
	NTATION FL 33324							
	· · · · · · · · · · · · · · · · · · ·							
			City			FL	Zip Cod	е
6 Th			1 "				•· [
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both	, in the State of Fioi	nda. I am	tamiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Registere	ed Agent signature required	when reinstating)		DATE	··· ·· · · · · · · · · · · · · · · · ·	
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	res _{ar}	1	FEE IS \$50.00	_4 -4 04-4-				
		Make Check Payable to Fl	onda Departme ay 1, 2003	nt or State				
9.	MANAGING MEMBER				ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete TITL					☐ Change	Addition
NAME STREET ADDRESS	PEREIRA, ROBERT W	NAM 	EET ADDRESS		•			
CITY-ST-ZIP	ONE SPECTACLE POND ROAD		-ST-ZIP					
TITLE	LITTLETON MA 01460 V						Change	☐ Addition
NAME	APONAS, ALFRED S	☐ Delete TITL	1				☐ Change	Addition
STREET ADDRESS	18-A SOUTH SHAKER ROAD		ET ADDRESS					
CITY-ST-ZIP	HARVARD MA 01451		-ST-ZIP					
TITLE	VTAS	Delete TITL	E				☐ Change	☐ Addition
NAME	JACOBSON, ROBERT N	NAM:	E ,					
STREET ADDRESS	99 CRANBERRY CIRCLE	, STR	ET ADDRESS					
CITY-ST-ZIP	SUDBURY MA 01776	CITY	-ST-ZIP					
TITLE	VS	. Delete TITL	Ę	•	•		Change	Addition
NAME	Mabardy, Robert L	NAM	E					
STREET ADDRESS	10 PEARL STREET		ET ADDRESS					
CITY-ST-ZIP	LEXINGTON MA 02173	CITY	-ST-ZIP					
TITLE	VAS	☐ Delete TITL					Change	Addition
NAME CTREET ADDRESS	MANCUSO, MICHAEL J JR	NAM						
STREET ADDRESS CITY-ST-ZIP	1102 LINMAR AVENUE		ET ADDRESS -ST-ZIP /					
	FRUITLAND PARK FL 34731						(T):0/	
TITLE NAME		☐ Delete TITL NAM	1				Change	☐ Addition
STREET ADDRESS		the state of the s	ET ADDRESS					
CITY-ST-ZIP			- ST-ZIP					
	ertify that the information supplied with t			ction 119 07/3/6	Florida Statutos 1:	further co	rtify that the in	formation
indicated -	on this report is true and accurate and the bility company or the receiver or trustee it	nat my signature shall have the same	e legal effect as if m	iade under oath: i	that I am a managi	ng membe	er or manage	r of the