2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

FILED DOCUMENT # B01000000455 04 APR 27 PH 3: 43 CEMÉX CONSTRUCTION MATERIALS, L.P. OLE - TALY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1200 SMITH ST., SUITE 2400 1200 SMITH ST., SUITE 2400 HOUSTON, TX 77002 HOUSTON, TX 77002 2. Principal Place of Business 3. Mailing Address 1.0. Box 840 Gessner 1500 Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Chg-LP CR2E003 (10/03) Suite City & State City & State 4. FEI Number Applied For Houston HOUSTON 76-0306105 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 17024 us A 77251- 1500 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 9. Capital Contributions 10. Amount of Capital Contributions \$148,357,431,00 as Shown on record. in FLORIDA to date. 148,357,431.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. P33247 DOCUMENT # STREET ADDRESS 840 Gessner Saite NAME CEMEX, INC. STREET ADDRESS 1200 SMITH ST., SUITE 2400 CITY - ST-7IP CITY-ST-ZIP HOUSTON, TX 77002 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500036545435 ^{05/18/04--01033--}019 **526, 25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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