

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # B01000000455



1. Entity Name
CEMEX CONSTRUCTION MATERIALS, L.P.

Principal Place of Business
**840 GESSNER, SUITE 1400
HOUSTON, TX 77024**

Mailing Address
**P.O. BOX 1500
HOUSTON, TX 77251-1500**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

76-0306105

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

DATE

9. Capital Contributions as Shown on record.

\$148,357,431.00

10. Amount of Capital Contributions in FLORIDA to date.

148,357,431.00

526.25

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P33247**
NAME **CEMEX, INC.**
STREET ADDRESS **840 GESSNER, SUITE 1400**
CITY-ST-ZIP **HOUSTON, TX 77024**

STREET ADDRESS

CITY-ST-ZIP

U00000366152

05/11/05-80032-021 526.25

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CITY-ST-ZIP

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE:

Jose S. Cadena

4-25-05

713 722 1715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #