## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # L0000001772  1. Entity Name ATLANTIC COAST MATERIALS, LLC						04-16-2007	90353 003 ****5	0.00
Principal Place of Business 155 EAST 21ST STREET JACKSONVILLE, FL 32206		Mailing Address 155 EAST 21ST STREET JACKSONVILLE, FL 32206				10037614		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212007	Chg-LLC	CR2E083 (12/06)	
City & State	9	City & State		4. FEI Num 59-36	ber 26379	<del>   </del>	plied For t Applicable	
Zip	Country	Zip	Country	<i>t</i>	5. Certificat	e of Status Desired	□ \$5.00 Add Fee Required	
	6. Name and Address of Current	7. Name and Address of New Registered Agent						
FRICK, DENNIS D				Barbara C. Johnston, Esquire  Street Address (P.O. Box Number is Not Acceptable)				
155 EAST 21ST STREET JACKSONVILLE, FL 32206					· · · · · · · · · · · · · · · · · · ·	<del>.</del>	·/	
				155 E. 21st Street City Jacksonville FL 32206				
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 Significe (typed or printed name of regulated agent and total of applicable). (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$50.00 Due by May 1, 2007						1	e check payable to Department of State	
	,							
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-2IP	MGRM FLORIDA ROCK INDUSTRIES, 155 EAST 21ST STREET JACKSONVILLE, FL 32206	Delete	TITLE NAME STREET CITY-S	address T-Zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC COAST MATERIALS P.O. BOX 461 UPPERVILLE, VA 20185	Delete, INC.	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIARD, DANIEL E  34 LOVETON CIRCLE STE 200  ST		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WATERMAN, RANDY M PO BOX 461 UPPERVILLE, VA 20185	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BAKER II, THOMPSON S 155 E 21ST STREET JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRICK, DENNIS D 155 E 21ST STREET JACKSONVILLE, FL 32206	Delete	CITY-S	ADDRESS IT-ZIP		Johnston t Street le, FL 3220		Addition
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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.								

SIGNATURE:

Barbara C. Johnston, Asst. Secretary

(904) 355-1781

Daytime Phone #