

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001772

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: ATLANTIC COAST MATERIALS, LLC

## Current Principal Place of Business:

155 EAST 21ST STREET  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

1200 URBAN CENTER DRIVE  
BIRMINGHAM, AL 35242

## Current Mailing Address:

155 EAST 21ST STREET  
JACKSONVILLE, FL 32206

## New Mailing Address:

1200 URBAN CENTER DRIVE  
BIRMINGHAM, AL 35242

FEI Number: 59-3626379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSTON, BARBARA C ESQ  
155 EAST 21ST STREET  
JACKSONVILLE, FL 32206 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FLORIDA ROCK INDUSTRIES, INC.  
Address: 155 EAST 21ST STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM (X) Delete  
Name: ATLANTIC COAST MATERIALS, INC.  
Address: P.O. BOX 461  
City-St-Zip: UPPERVILLE, VA 20185

Title: P (X) Delete  
Name: WILLIARD, DANIEL E  
Address: 34 LOVETON CIRCLE STE 200  
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: VPS (X) Delete  
Name: WATERMAN, RANDY M  
Address: PO BOX 461  
City-St-Zip: UPPERVILLE, VA 20185

Title: VPT (X) Delete  
Name: BAKER II, THOMPSON S  
Address: 155 E 21ST STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: AS (X) Delete  
Name: JOHNSTON, BARBARA C  
Address: 155 E 21ST STREET  
City-St-Zip: JACKSONVILLE, FL 32206

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ATLANTA COAST MATERIALS, INC.  
Address: P O BOX 461  
City-St-Zip: UPPERVILLE, VA 20185

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J. W. O'BRIEN

VP

02/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date