Amended

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-15-2002 90130 016 ****50.00
L01000013867

DOCUMENT #: L01000013867

FILED
2002 AUG 27 AM 10:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

961462

1. Entity Name
Southwest Florida Rock, L.L.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12670 New Brittany Blvd.	12670 New Brittany Blvd.
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 65-1140266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: George L. Consoer, Jr., Esq.
Street Address (P.O. Box Number is Not Acceptable): 1625 Hendry Street
Suite 301
City: Fort Myers FL Zip Code: 33901

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.

SIGNATURE _____ DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member
NAME	Timothy McCallum
STREET ADDRESS	12670 New Brittany Blvd.
CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing 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 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: _____ 4/30/02 941-334-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #