
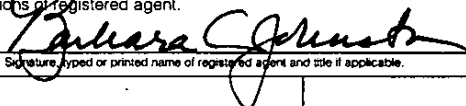



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90353 006 ****50.00

DOCUMENT # L01000014625					
1. Entity Name FRI READY MIX OF TENNESSEE, LLC					
Principal Place of Business 155 EAST 21ST STREET JACKSONVILLE, FL 32206			Mailing Address 155 EAST 21ST STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRICK, DENNSI D 155 EAST 21ST ST. JACKSONVILLE, FL 32206			Name Barbara C. Johnston, Esquire		
			Street Address (P.O. Box Number is Not Acceptable)		
			155 E. 21st Street		
			City Jacksonville		FL
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 a registered agent.					
SIGNATURE 			DATE 4/11/2007		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIDA ROCK INDUSTRIES, INC.			NAME	
STREET ADDRESS	155 EAST 21ST STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322062104			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, JOHN D JR			NAME	
STREET ADDRESS	155 E 21ST STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32206			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRICK, DENNIS D			NAME	Secretary
STREET ADDRESS	155 E 21ST STREET			STREET ADDRESS	Barbara C. Johnston
CITY-ST-ZIP	JACKSONVILLE, FL 32206			CITY-ST-ZIP	155 E. 21st Street Jacksonville, FL 32206
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 4/9/2007		Daytime Phone # (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Barbara C. Johnston, Secretary					

0003111



02212007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

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CITY-ST-ZIP				CITY-ST-ZIP	
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CITY-ST-ZIP				CITY-ST-ZIP	

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SIGNATURE:  Date: 4/9/2007 Daytime Phone #: (904) 355-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Barbara C. Johnston, Secretary