

*\* AMENDED \**

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


05-22-2003 90038'032'\*\*\*\*50.00  
09-26-2003 90002 009 \*\*\*\*50.00  
L02000001370

**FILED**

03 SEP 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MMJ**

<b>DOCUMENT # L02000001370</b>	
1. Entity Name <b>PRESTIGE/AB READY MIX, LLC</b>	

Principal Place of Business <b>7228-C WESTPORT PLACE WEST PALM BEACH FL 33413</b>	Mailing Address <b>7228-C WESTPORT PLACE WEST PALM BEACH FL 33413</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>* 26 0016154</b>	Applied For Not Applicable
Zip	Country	Zip	Country

9/29  CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

**KAHLI, BEAT  
13001 FOUNDERS SQUARE DRIVE  
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGR MAHONEY, BRIAN</b>
STREET ADDRESS	<b>7228-C WESTPORT PLACE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL. 33413</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGR KAHLI, BEAT</b>
STREET ADDRESS	<b>13001 FOUNDERS SQUARE DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO, FL. 32828</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  SIGNATURE RECORDED **9-22-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)