2004 LIMITED LIABILITY COMPANY

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L02000001845 04-30-2004 90080 001 ****50.00 MARLIN ASPHALT, LLC Principal Place of Business Mailing Address 3020 NORTH MILITARY TRAIL 3020 NORTH MILITARY TRAIL SUITE 100 SUITE 100 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02022004 Cha-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 01-0649757 Not Applicable Ζıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAFFERTY, WILLIAM L JR, ESQ Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE. SUITE 825 MIAMI, FL 33131 City Zir 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Delete TITLE XI Addition 7171.5 MGR ☐ Channe NAME SARGEANT, HARRY III NAME Stefans, Robert J. Jr. 3020 NORTH MILITARY TRAIL STREET ADDRESS 3020 North Military Trail, Ste. 100 Boca Raton, FL 33431 STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Murphy, Daniel J. 3020 North Military Trail, Ste. 100 NAME NAME STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP CITY - ST - 2IP Delete TITLE ☐ Change TITLE NAME NAME Osborn, Kent STREET ADDRESS 3020 North Military Trail, Ste. 100 STREET ADDRESS CITY - ST - ZIP Boca Raton, FL 33431 CITY - ST - ZiP Delete THILE Change Addition | TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THUE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE Change Addition 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 exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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. 4/23/04.

Harry Sargeant, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (561) 999-9916

FILED