

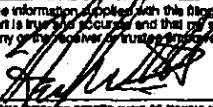
FILED
May 20, 2003 8:00 am
Secretary of State

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2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001845					
1. Entity Name MARLIN ASPHALT, LLC					
Principal Place of Business 3020 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431			Mailing Address 3020 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent RAFFERTY, WILLIAM L JR, ESQ 1101 BRICKELL AVE, SUITE 1400 RAFFERTY GUTIERREZ, SANCHEZ-ABALLI, STOLZEN MIAMI, FL 33131			5. FEI Number 01-01049757 Applied For Not Applicable		
6. 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.			7. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and if it is applicable, NOTE: Registered Agent signature attached when submitting.					
					
B. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C. ADDITIONS/CHANGES ☐ Change ☐ Addition		
MGR SARGEANT, HARRY III 3020 NORTH MILITARY TRAIL BOCA RATON, FL 33431					
☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 806, Florida Statutes.					
SIGNATURE:  4-15-03 501-999-9916					
DATE: _____					

CPRESS (10/02)