2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# L03000018653

Entity Name: MARIOTTI ASPHALT, LLC

Current Principal Place of Business:

4559 MARIOTTI COURT, UNIT #1
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4559 MARIOTTI COURT, UNIT #1
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 45-0515377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORLICK, MICHAEL D
1314 E. VENICE AVENUE, STE. D
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MARIOTTI, WILLIAM J
Address: 4559 MARIOTTI COURT, UNIT #1
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Delete
Name: MARIOTTI, DEBORAH D
Address: 4559 MARIOTTI COURT, UNIT #1
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Delete
Name: LAFOE, CHARLES D
Address: 4559 MARIOTTI COURT, UNIT #1
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM J. MARIOTTI MRG 01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date