

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90035 006 ****55.00

DOCUMENT # L04000065412

1. Entity Name
LIMESTONE MATERIALS, LLC



Principal Place of Business
**255 N. LAKE AVENUE
LAKE BUTLER, FL 32054**

Mailing Address
**P.O. BOX 238
LAKE BUTLER, FL 32054**

2. Principal Place of Business - No P.O. Box #
12469 W SR 100

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lake Butler FL
Zip
32054 Country
US

City & State
Suite, Apt. #, etc.
Zip Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
54-2159171 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, AVERY C
255 N. LAKE AVENUE
LAKE BUTLER, FL 32054**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12469 W SR 100
City **Lake Butler FL** Zip Code **32054**

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 **Avery C. Roberts** DATE **4-17-07**
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBERTS, AVERY C	
STREET ADDRESS	P.O. BOX 238	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	O'STEEN, DEXTER A	
STREET ADDRESS	P.O. BOX 238	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PRITCHETT, JON W	
STREET ADDRESS	P.O. BOX 238	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 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: **Avery C. Roberts** DATE: **4-17-07** DAYTIME PHONE: **386-496-3509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE