2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

1. Entity Name	MENT # L0500003 BERRY, LLC				04-16-2007	90353 050 ****5	0.00		
Principal Place 155 E. 21ST JACKSONVILL		Mailing Address 155 E. 21ST STREET JACKSONVILLE, FL 322				60037275			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083 (12/06)		
City & State	3	City & State	City & State			er 3002	<u> </u>	plied For t Applicable	
Zip	Country Zip Cour			У	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Curre		7. Name and Address of New Registered Agent						
FRICK, DENNIS D 155 EAST 21ST STREET				Barbara C. Johnston, Esquire Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32206				155 E. 21st Street					
				City Jacksonville FL Zip Code 32206					
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. The object of printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fillng Fee is \$50.00 Due by May 1, 2007							e check payable to a Department of State	9	
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS	MGRM FLORIDA ROCK INDUSTRIES 155 EAST 21ST STREET	☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	Addition .	
TITLE NAME	P BAKER, THOMPSON S II	☐ Delete	TITLE NAME	I			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	155 EAST 21ST STREET JACKSONVILLE, FL 32206		STREE	T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS	VP SAUER, GARY 155 EAST 21ST STREET	☐ Defete	TITLE NAME STREE	l l			Change	☐ Addition	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-	ST-ZIP		_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILTON, JOHN D JR 155 EAST 21ST STREET JACKSONVILLE, FL 32206	☐ Delete		l l	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE, FL 32206	Q Delete	1	T ADDRESS ST-ZIP	Secretary Barbara C. 155 E. 21s Jacksonvil	Johnston t Street le, FL 322	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PATZKE, WALLACE A 155 EAST 21ST STREET JACKSONVILLE, FL 32206	☐ Delete					☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filling 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.									

4/11/2007

(904) 355-1781

Daytime Phone #

SIGNATURE: SIGNATURE AND TO FED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Barbara C. Johnston, Secretary