

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082166

FILED
Apr 25, 2007
Secretary of State

Entity Name: FLORIDA BLOCK & READY MIX LAND COMPANY, L.L.C.

Current Principal Place of Business:

5208-36TH AVENUE SOUTH
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5208-36TH AVENUE SOUTH
TAMPA, FL 33619

New Mailing Address:

12795 49TH ST N
CLEARWATER, FL 33762

FEI Number: 20-3429560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, THOMAS F
7104 CENTRAL AVENUE
ST. PETERSBURG, FL 33743 US

Name and Address of New Registered Agent:

MCGINLEY, KEVIN P
12795 49TH ST. N.
CLEARWATER, FL 33762 US

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: KEVIN P MCGINLEY

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLACK, BRUCE J II
Address: 11201 MISTMOOR COURT
City-St-Zip: RIVERVIEW, FL 33565

Title: MGRM () Delete
Name: MP DIVERSIFIED INVES, TMENTS, L.L.C.
Address: 12795-49TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLACK, BRUCE J II
Address: 11201 MISTMOOR COURT
City-St-Zip: RIVERVIEW, FL 33565

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEVIN P MCGINLEY

MGRM

04/25/2007

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