

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119303

**FILED**  
**Jan 02, 2007**  
**Secretary of State**

**Entity Name:** YOUNGQUIST READY-MIX, LLC

**Current Principal Place of Business:**

15401 ALIOC ROAD  
FT. MYERS,, FL 33913 FL

**New Principal Place of Business:**

15401 ALICO ROAD  
FT. MYERS, FL 33913 US

**Current Mailing Address:**

15401 ALIOC ROAD  
FT. MYERS,, FL 33913 FL

**New Mailing Address:**

15401 ALICO ROAD  
FT. MYERS, FL 33913 US

**FEI Number:** 20-3939173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNGQUIST BROTHERS FAMILY HOLDS, LLC  
15401 ALICO ROAD  
FT. MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

YOUNGQUIST BROTHERS FAMILY HOLDINGS, LLC  
15401 ALICO ROAD  
FT. MYERS, FL 33913 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: HARVEY B. YOUNGQUIST, JR.

01/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YOUNGQUIST BROTHERS, FAMILY HOLDS, L LC  
Address: 15401 ALICO ROAD  
City-St-Zip: FT. MYERS, FL 33913 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YOUNGQUIST BROTHERS, FAMILY HOLDING S , LLC  
Address: 15401 ALICO ROAD  
City-St-Zip: FT. MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HARVEY B. YOUNGQUIST, JR.

MGRM

01/02/2007

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