2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 25, 2008 8:00 am **Secretary of State** DOCUMENT # L06000087777 02-25-2008 90134 013 ***138.75 HORÍZON AGGREGATES, LLC Principal Place of Business Mailing Address 795 12TH AVE. SW COUNTRAL STATE 795 12TH AVE, SW VERO BEACH, FL 32962 VERO BEACH, FL 32962 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 11-3804337 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 795 12TH AVE. SW VERO BEACH, FL 32962 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FÎLE NOW!!! FEE IS \$138.75 Make check payable to Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Delete TITLE TITLE Change ■ Addition SMITH, VERNON D NAME NAME STREET ADDRESS 1600 SOUTH US 1 STREET ADDRESS FT. PIERCE, FL 34950 CITY-ST-ZIP CiTY-ST-ZIP MGRM Delete ☐ Addition TIT! F TITI F ☐ Change SMITH, CHRISTOPHER NAME STREET ADDRESS 795 12TH AVE. SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 ☐ Delete TITLE Change Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED

CHRISTOPHER SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: