

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093833

FILED  
May 22, 2007  
Secretary of State

Entity Name: BROOKSVILLE QUARRY, LLC

## Current Principal Place of Business:

1801 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

1801 ART MUSEUM DRIVE  
SUITE 300  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1801 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

## New Mailing Address:

1801 ART MUSEUM DRIVE  
SUITE 300  
JACKSONVILLE, FL 32207

FEI Number: 20-5609121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

RAX CO.  
50 NORTH LAURA STREET, STE 3300  
JACKSONVILLE, FL 32202      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ANDERSON, JOHN E  
Address: 1801 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR      ( ) Delete  
Name: VAN LANDINGHAM, RAY M  
Address: 1801 ART MUSEUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR      ( ) Delete  
Name: BAKER, JOHN D II  
Address: P.O. BOX 4667  
City-St-Zip: JACKSONVILLE, FL 32201

Title: MGR      ( ) Delete  
Name: MCCAULEY, SCOTT  
Address: P.O. BOX 4667  
City-St-Zip: JACKSONVILLE, FL 32201

## ADDITIONS/CHANGES:

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

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

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

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: RAY M VAN LANDINGHAM

MGR

05/22/2007

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