

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100601

FILED
Apr 02, 2008
Secretary of State

Entity Name: LEADWAY CONSTRUCTION PRODUCTS, LLC

Current Principal Place of Business:

10840 NW 27TH STREET
DORAL, FL 33172

New Principal Place of Business:

8243 NW 107TH PATH
UNIT 5
DORAL, FL 33178

Current Mailing Address:

10840 NW 27TH STREET
DORAL, FL 33172

New Mailing Address:

8243 NW 107TH PATH
UNIT 5
DORAL, FL 33178

FEI Number: 20-5755182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ERIC, ARIAS
Address: 10840 NW 27TH STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: ROYERO, ENRIQUE A
Address: 10840 NW 27TH STREET
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ERIC, ARIAS
Address: 8243 NW 107TH PATH. UNIT 5
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: ROYERO, ENRIQUE A
Address: 8243 NW 107TH PATH. UNIT 5
City-St-Zip: DORAL, FL 33178

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: ERIC ARIAS

MGRM

04/02/2008

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