2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029502

City-St-Zip:

Entity Name: BLUE ROCK QUARRIES, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4774 N. POWERLINE ROAD 4500 N. POWERLINE ROAD DEERFIELD BEACH, FL 33073 DEERFIELD BEACH, FL 33073 **Current Mailing Address: New Mailing Address:** 4500 N. POWERLINE ROAD 4774 N. POWERLINE ROAD DEERFIELD BEACH, FL 33073 DEERFIELD BEACH, FL 33073 FEI Number: 26-2268521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARK H. HILDEBRANDT, P.A. 300 SEVENTY FIRST STREET, SUITE 302 MIAMI BEACH, FL 33141 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition CARVALLIDO, ANGEL Name: CARVALLIDO, ANGEL Name: 4774 N. POWERLINE ROAD Address: 4500 N POWERLINE ROAD #7 Address: City-St-Zip: DEERFIELD BEACH, FL 33073 City-St-Zip: DEERFIELD BEACH, FL 33073 Title: Title: () Change (X) Addition () Delete Name: Name: ASSENZA, ANTONIO J Address: Address: 4500 N POWERLINE ROAD #7 City-St-Zip: City-St-Zip: DEEFIELD BEACH, FL 33073 Title: () Delete Title: VPM () Change (X) Addition MOYA, DOMINGO Name: Name: 4500 N POWERLINE ROAD #7 Address: Address: City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33073 Title: () Delete Title: SM () Change (X) Addition Name: Name: HILDEBRANDT, MARK H 4500 N POWERLINE ROAD #7 Address: Address: City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33073 Title: () Delete Title: TASM () Change (X) Addition MONICO, KAREN A Name: Name: 4500 N POWERLINE ROAD #7 Address: Address:

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.

City-St-Zip:

DEERFIELD BEACH, FL 33073

SIGNATURE: ANTONIO ASSENZA M 04/30/2009