



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAY -6 AM 11:36	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000888		1a. Principal Place of Business Address	
AMERICAN CONCRETE PRODUCTS COMPANY, L.C. 427 LAKE ASBURY DR. GREEN COVE SPRINGS FL 32043				427 LAKE ASBURY DR. GREEN COVE SPRINGS FL 32043	
2. Principal Place of Business 4135 Hwy. 17 South Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 620 Suite, Apt. #, etc.		3. Date Organized or Qualified 11/22/1995	
City & State Green Cove Springs FL		City & State Doctors Inlet, FL		3a. State of Formation FL	
Zip 32043		Zip 32030		4. FEI Number 59-3351217	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 02/06/1997	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
SLAGLE, SUSAN 4190 BELFORT ROAD, STE. 240 JACKSONVILLE FL 32216			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TAYLOR, LARRY M JR.	427 LAKE ASBURY DR. P.O. Box 620, N/A		GREEN COVE SPRINGS FL Doctors Inlet, FL 32030	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  Larry M. Taylor Jr. 4/30/98 (904) 529-7710					