
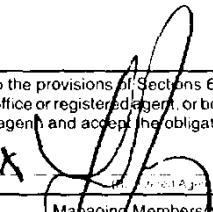
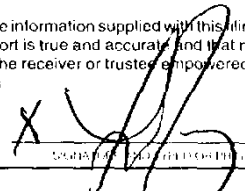


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE 5/1/99 PM 1:42	
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 AMERICAN CONCRETE PRODUCTS COMPANY, L.C. P.O. BOX 620 DOCTOR'S INLET FL 32030		1a. Principal Place of Business Address 4135 HWY. 17 SOUTH GREEN COVE SPRINGS FL 32043			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 11/22/1995 3a. State of Formation FL 4. FEI Number 59-3351217 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 05/06/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent SLAGLE, SUSAN 4190 BELFORT ROAD, STE. 240 JACKSONVILLE FL 32216			8. Name and Address of New Registered Agent/Office Name LARRY M. TAYLOR, JR. Street Address (P.O. Box Number is Not Acceptable) 4135 HIGHWAY 17 SOUTH Suite, Apt. #, etc. City GREEN COVE SPRINGS FL Zip Code 32043		
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  DATE 4/20/99					
10. Title Managing Members Managers Business Street Address City, State and Zip Code					
MGRM TAYLOR, LARRY M JR.		P.O. BOX 620, N/A		DOCTOR'S INLET FL 32030	
000002883160--0 -05/21/99--01117--015 ****197.50 ****197.50					
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 H. TAYLOR, JR. Managing Member 4/20/99					